



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3518

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

The requested funding amount will be used to reimburse child welfare provider agencies who were not paid by Embrace Families prior to their contact with the DCF being withdrawn. These agencies have preformed child welfare services, as a contracted provider, on behalf of the State of Florida and are owed these funds.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	1,644,559
Fixed Capital Outlay	0
Total State Funds Requested	1,644,559

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,644,559	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,644,559	100%

8. Has this project previously received state funding?
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	The requested funding amount will be used to reimburse child welfare provider agencies who were not paid by Embrace Families prior to their contact with the DCF being withdrawn. These agencies have preformed child welfare services, as a contracted provider, on behalf of the State of Florida and are owed these funds.	1,644,559
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,644,559

13. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Abused, Abandoned, and neglected children

b. What activities and services will be provided to meet the intended purpose of these funds?



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The requested funding will be used to fund remaining un-paid invoices to subcontracted providers of Embrace Families, the lead agency in Central Florida. These sub-contracted agencies provided the requested and contractually required services to children in the foster care system, but whose invoices for services were not paid due to Embrace Families inability to pay. The impact of this shortfall affected a total of 37 CBC child welfare providers, across 13 of the 20 CBC circuits. These are non-profit entities who provided services and continue to provide services to children and families across the State of Florida. Additional information pertaining to the specific agencies and dollar amount can be provided upon request.

c. What direct services will be provided to citizens by the appropriation project?

Childrens First Pediatric Pavil
 Friends of Children and Families
 Camelot Community Care
 Heart of Florida Youth Ranch
 His House Childrens Home
 Crossroads Hope Academy
 Children's First Community Homes
 The Childrens Place
 Home Safe Boys
 Libra Girls
 Boys Town Central
 One Hope United
 Childrens Home Society Teen Parenting Program
 Community Health
 ALPHA HOUSE
 Hibiscus Children's Village
 ST AUGUSTINE YOUTH SERVICES
 Boystown North Florid
 Panama Youth Services
 Harris Teen Home Clearwater
 Absolute Care & Habilitative Services
 STEP Group Home
 AMI Kids Space Coast
 REDEMPTION HOME 2 INC
 FL UNITED METHODIST CHILDRENS
 ORANGE COUNTY YOUTH SHELTER
 Youth & Family Advocates
 JAFCO EMERGENCY SHELTER
 Family 1st Homecare Serv LLC
 GULF COAST JEWISH FAMILY & COMMUNITY SERVICES
 NATIONAL YOUTH ADVOCATE PROGRAM
 LYF
 Pinnacle Family Services of Florida
 Childrens Home Network
 Twin Oaks Juvenile Development
 Harriets Haven
 LSF Hands of Mercy Everywhere
 Devereux Foundation Inc

d. Who is the target population served by this project? How many individuals are expected to be served?

Youth, At-Risk Youth, Abused, Abandoned, and neglected children.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The expenditure of funds requested will be used to reimburse child welfare providers agencies who provided child welfare services on behalf of the State of Florida. Unpaid services has resulted in a shortfall in the budgets of these provider agencies, having a negative fiscal impact on their agency, impacting their ability to continue to provider services to children in foster care.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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for failing to meet deliverables or performance measures provided for in the contract?

Return of funds to the state

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address



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d. Phone Number Ext.

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.