



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3532

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Amigos Care Program will provide at-risk families and youth individualized care coordination that addresses complex family needs to bolster protective factors that prevent child abuse and neglect. Through a wide network of partners, the program provides families with referrals and coordination of needed services as well as concrete supports to stabilize families experiencing a lack of basic needs like threat of eviction, termination of utilities, food insecurity, and job loss.

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	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	45%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	300,000	55%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	550,000	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		
2023-24	0	200,000	315	No

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.

The program will continue to operate with grant funds and private foundation funding on a smaller scale. This funding request is to expand an existing program.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



The Florida Senate

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Fiscal Year 2025-2026

LFIR # 3532

10. Status of Construction

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	Accounting Coordinator - \$ 84,500 @ 40% \$33,800 (Salary + Fringe) Human Resources Generalist - \$65,000 @ 40% \$26,000 (Salary + Fringe) Records Management Supervisor - \$75,800 @ 33% = \$24,024 (Salary + Fringe)	83,824
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Vice President of Programs - \$117,000 @ 35% \$40,950 (Salary + Fringe) Sr. Director of Family Services - \$100,100 @ 35% = \$35,035 (Salary + Fringe) Senior Natural Helper - \$57,200 @ 50% \$28,600 (Salary + Fringe) Success Coach - \$51,975 @ 50% 25,988 (Salary & Fringe)	130,573
Expense/Equipment/Travel/Supplies/Other	Other - Family Stabilization Funds for direct assistance \$35,603 - Funds will used as needed to prevent evictions, shut off of utilities, food needs, etc)	35,603
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)		250,000

13. Program Performance

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



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

Identified at-risk families residing in Miami-Dade County will work with a Family Success Coach (FSC). Families will be screened and assessed to identify specific areas of need and will work collaboratively with the FSC to develop a care plan to address needs. The FSC will coordinate care within the partner network and will provide emergency assistance to stabilize families when needed.

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

Screening & Assessment
 Care Planning
 Care Coordination
 Family Stabilization Funds during emergencies

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

The Amigos Care Program will serve at-risk neighborhoods within Miami Dade County: Allapattah, Little Havana, Hialeah, Homestead, and North Miami. In April 2021, "Financial Insecurity in Miami-Dade County" was published to determine which age demographic is most impacted by poverty in Miami-Dade County. According to this study, children between the ages of 0-18 are the most impacted and experience the most severe levels of poverty in the County. The identified neighborhoods all share community risk factors, such as high percentages of children below the poverty line, high crime, and lack of economic opportunity, which negatively influence family stressors. The Amigos Care Program will serve approximately 100 additional families with the requested funding.

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

This intervention will result in the strengthening of Protective Factors to Prevent Child Abuse and Neglect. This will be assessed with pre- and post-test scores on the Child and Adolescent Needs and Strengths (CANS). Subscale scores on each of the measures assessing protective factors of parental resilience, social connections, concrete support in times of need, social-emotional competence of children, will show improvement. At least one Success Plan goal will be attained.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Standard contract penalties.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3532

- 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

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)



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3532

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.