

LFIR # 3537

| 1. Project Title | Foster The Fun | Festival | | | |
|--|--|--|---|---|--|
| 2. Senate Sponsor | Ana Maria Rodri | guez | | | |
| 3. Date of Request | 2/20/2025 | | | | |
| 3. Date of Request | 3/28/2025 | | | | |
| 4. Project/Program I | Description | | | | |
| health, build self-w goals through a se technical, and phys social isolation thro | rorth, and establish a ries of festivals for va sical activities enjoya ough the creation of s | sense of commu arious foster orga able for all. The pu social connection | nity through early intervinizations in the State of | vention. This program f Florida, providing f afe, inclusive space d peers, provide pos | oster youth with mental, for children to minimize sitive mental health |
| 5. State Agency to re | eceive requested fu | ınds Depart | tment of Children and F | amilies | |
| State Agency con | tacted? No | | | | |
| 6. Amount of the No | | for Fiscal Year | 2025-2026 | | |
| Type of Funding | | | Amo | unt | |
| Operating | | | | 127,500 | |
| Fixed Capital Outla | ay | | | 0 | |
| Total State Funds | Requested | | | 127,500 | |
| | | | | | |
| 7. Total Project Cost | for Fiscal Year 202 | 25-2026 (includin | g matching funds ava | ilable for this proj | ect) |
| Type of Funding | | | Amount | Percentage | ect) |
| Type of Funding Total State Funds | for Fiscal Year 202 | | | | ect) |
| Type of Funding Total State Funds Matching Funds | | | Amount 127,500 | Percentage 93% | |
| Type of Funding Total State Funds Matching Funds Federal | Requested (from que | estion #6) | Amount 127,500 | Percentage 93% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th | | estion #6) | Amount 127,500 0 10,000 | Percentage 93% 0% 7% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th | Requested (from que | estion #6) | Amount 127,500 0 10,000 0 | Percentage 93% 0% 7% 0% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th Local Other | Requested (from que | estion #6) | Amount 127,500 0 10,000 0 0 | Percentage 93% 0% 7% 0% 0% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th Local Other | Requested (from que | estion #6) | Amount 127,500 0 10,000 0 | Percentage 93% 0% 7% 0% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th Local Other Total Project Cos 8. Has this project p | Requested (from que e amount of this requ ts for Fiscal Year 20 | estion #6) uest) 025-2026 state funding? | Amount 127,500 0 10,000 0 0 | Percentage 93% 0% 7% 0% 0% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th Local Other Total Project Cos 8. Has this project p If yes, provide the | Requested (from que le amount of this requested for Fiscal Year 20 le reviously received a most recent instal | uest) 025-2026 state funding? nce: | Amount 127,500 0 10,000 0 137,500 No Specific | Percentage 93% 0% 7% 0% 0% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th Local Other Total Project Cos 8. Has this project p If yes, provide the | Requested (from queste amount of this requested to the amount of this requests for Fiscal Year 20 previously received a most recent install | pestion #6) uest) 025-2026 state funding? nce: | Amount 127,500 0 10,000 0 137,500 No Specific | Percentage 93% 0% 7% 0% 0% 100% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th Local Other Total Project Cos 8. Has this project p If yes, provide the | Requested (from que le amount of this requested for Fiscal Year 20 le reviously received a most recent instal | uest) 025-2026 state funding? nce: | Amount 127,500 0 10,000 0 137,500 No Specific | Percentage 93% 0% 7% 0% 0% 100% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th Local Other Total Project Cos 8. Has this project p If yes, provide the | Requested (from queste amount of this requested to the amount of this requested for Fiscal Year 20 previously received a most recent install Amount and Recurring | estion #6) uest) 025-2026 state funding? nce: ount Nonrecurring | Amount 127,500 0 10,000 0 137,500 No Specific | Percentage 93% 0% 7% 0% 0% 100% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th Local Other Total Project Cos 8. Has this project p If yes, provide the Fiscal Year (уууу-уу) 9. Is future-year fund | Requested (from queste amount of this requested to the amount of this requested for Fiscal Year 20 previously received a most recent install Amount and Recurring | estion #6) uest) 025-2026 state funding? nce: ount Nonrecurring | Amount 127,500 0 10,000 0 137,500 No Specific Appropriation # | Percentage 93% 0% 7% 0% 0% 100% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th Local Other Total Project Cos 8. Has this project p If yes, provide the Fiscal Year (уууу-уу) 9. Is future-year funda. If yes, indicate | Requested (from queste amount of this requested to the amount of this requests for Fiscal Year 20 previously received a most recent instal Amount and Recurring amount amo | estion #6) uest) 025-2026 state funding? nce: ount Nonrecurring quested? unt per year. | Amount 127,500 0 10,000 0 137,500 No Specific Appropriation # | Percentage 93% 0% 7% 0% 0% 100% | |
| Type of Funding Total State Funds Matching Funds Federal State (excluding th Local Other Total Project Cos 8. Has this project p If yes, provide the Fiscal Year (уууу-уу) 9. Is future-year funda. If yes, indicate | Requested (from queste amount of this requested to the amount of this requests for Fiscal Year 20 previously received a most recent instal Amount and Recurring amount amo | estion #6) uest) 025-2026 state funding? nce: ount Nonrecurring quested? unt per year. | Amount 127,500 0 10,000 0 137,500 No Specific Appropriation # | Percentage 93% 0% 7% 0% 0% 100% | |



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

| U. | Status of Const | ruction | | | | | |
|-----|-------------------|-------------------|--|-----------|-------------------|----------------------------|-----|
| 8 | a. What is the cu | ırrent phase of t | he project? | | | | |
| | Planning | O Design | Construction | O N/A | | | |
| k | o. Is the project | "shovel ready" (| (i.e permitted)? | | | | |
| (| . What is the es | stimated start da | te of construction? | | | | |
| (| d. What is the es | stimated comple | tion date of construc | ction? | | | |
| • | e. What funding | stream will be u | sed for ongoing ope | rations a | and maintenance o | of the project? | |
| | | | | | | | |
| | | | | | | | |
| 11. | | | o receive, directly or rs of the facility and | | | Il outlay funding. Include | the |
| | | | is a marketing and | | <i>,</i> - | | |
| | | | | | | | |

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 | Security personnel and event staff (\$18,000) | 18,000 |
| Expense/Equipment/Travel/Supplies/ Other | Venue Rentals (\$15,000), Event Insurance and Liability, Permits (\$15,000), Rentals and Activities including dunk tank, inflatable slides and activities, bounce houses, other field day activities, sound and stage equipment (\$39,000), Transportation (\$18,000), Other possible costs including but not limited to decorations, gifts, apparel, and marketing (\$22,500) | 109,500 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (m | ust equal total from question #6) | 127,500 |

13. Program Performance

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



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Moments Matter SFLA facilitates unforgettable moments and memories for foster youth to encourage physical and mental health, build self-worth, and establish a sense of community through early intervention. The purpose is to provide a safe, inclusive space for children to minimize social isolation through the creation of social connection with the community and peers and provide positive mental health outcomes through recreational therapy.

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

Moments Matter will contract with local businesses, such as local dunk tank vendors, to provide the children with physical activities. The vendors contracted will be asked to perform team building activities to encourage social connection and peer building. The contracted food vendors will provide meals to the children and create a lunchroom to encourage the children to talk with members of the community.

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

Moments Matter will contract with local businesses, such as food vendors, to provide food and entertainment activities to the foster youth. Public facilities, such as parks, will be contracted to provide the children with ample room to perform physical activities with their peers. Security will be contracted to ensure that the children are safe and able to engage with their local community with care.

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

The project is expected to serve between 400-600 foster care children including at risk youth, grade school students, high school students, victims of crime, and foster children.

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

The event will offer physical activities promoting an active lifestyle while fostering teamwork and social engagement. Staff will track participation in different activities and gather feedback through verbal surveys to assess enjoyment and improve future events. Vendors, rental companies, and staff will be contracted, with budgeting used to track economic contributions. A team will be contracted to maintain safety and organization. A full list of employees and general workers with respective tasks will be compiled for effective planning.

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

| agency may increase oversight | | |
|-------------------------------|--|--|
| | | |
| | | |
| | | |

| | what are the suggested penalties that the contracting agency may consider in addition to its standard penalti r failing to meet deliverables or performance measures provided for in the contract? |
|--------|---|
| Т | The agency may increase oversight, withold funding, and submit negative performance reviews on future events. |
| 14. Is | this project related to mitigation, response, or recovery from a natural disaster? No |
| a. If | f 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 infastructure) |
| b. N | Name of the natural disaster (or Executive Order # for events not under a federal declaration): |
| 5. Ha | as the entity applied for or received federal assistance for this project? |
| | Yes, Applied |
| | Yes, Received |
| | No |
| | No, but intends to apply |



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| a. If yes, provide th | e FEMA p | roject workshe | et ID#: | | | | |
|-----------------------------------|------------|-------------------|---------------|---------------|---------------|---------------|--------------|
| b. Provide the total | project c | ost listed on the | e FEMA proj | ect workshee | et: | | |
| 6. Has the entity app | lied for o | received state | assistance f | or this proje | ct (other tha | n this reques | st)? |
| ☐ Yes, Applied | | | | | | | |
| ☐ Yes, Received | | | | | | | |
| □ No | | | | | | | |
| ☐ No, but intends to | o apply | | | | | | |
| a. If yes, specify the Commerce): | e program | and state ager | ncy (ex. Loca | al Governmei | nt Emergenc | y Bridge Loa | ın, Departme |
| | | | | | | | |
| 7. Requester Contact | Informati | ion | | | | | |
| a. First Name | Kevin | | Last Name | Planell | |] | |
| b. Organization | Moments | Matter SFLA | | | | | |
| c. E-mail Address | kplanell@ | gmail.com | | | | | |
| d. Phone Number | (786)838 | -8851 | Ext. | | | | |
| 3. Recipient Contact | Informatio | on | | | | | |
| a. Organization | Moments | Matter SFLA | | | | | |
| b. Municipality and | d County | Miami-Dade | | | | | |
| c. Organization Ty | pe | | | | | | |
| □For Profit Entity | | | | | | | |
| ☑Non Profit 501(c | c)(3) | | | | | | |
| □Non Profit 501(c | c)(4) | | | | | | |
| □Local Entity | | | | | | | |
| □University or Co | llege | | | | | | |
| □Other (please sp | pecify) | | | | | | |
| d. First Name | Kevin | | Last Name | Planell | |] | |
| e. E-mail Address | | matterefla@ama | | | |] | |

Ext.

f. Phone Number (786)838-8851



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| . Lobbyist Contact Information | | | | | |
|--------------------------------|------|--|--|--|--|
| a. Name | None | | | | |
| 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.