

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Everglades Restoration Workforce Training Program

LFIR # 1121

2.	Senate Sponsor	Tina Polsky							
3.	Date of Request	10/20/2021							
4.	Project/Program D	escription							
	Technical and skills training for individuals will be provided to those either currently employed in agriculture and/or individuals seeking employment opportunities outside of the agriculture industry. Training and tuition will be provided directly to programs at educational facilities to help individuals surrounding the region of Lake Okeechobee. The future of this program is designed to grow to continue to meet the training and workforce needs outside of agriculture in the Glades region. With funding available in 2019, provided through the Everglades Restoration Agricultural Community Employment Training Program in s. 446.71, F.S., 116 students were awarded tuition grant awards.								
5.	State Agency to re	ceive requested fur	n ds Dep	artment	of Ecor	nomic Oppo	rtunity		
	State Agency conta	acted? No							
6.	Amount of the Non	recurring Request	for Fiscal Yea	ar 2022-2	2023				
	Type of Funding					Amou	ınt		
	Operations						1,700,000		
	Fixed Capital Outlay						0		
	Total State Funds	Requested					1,700,000		
7.	Total Project Cost f	or Fiscal Year 2022	2-2023 (includ	ding mat	ching	funds avail	able for this proje	ect)	
	Type of Funding				Amou	nt	Percentage		
		equested (from que	stion #6)			1,700,000	100%		
	Matching Funds			T					
	Federal		()			0	0%		
	,	amount of this requ	est)			0	0%		
	Local Other					0	0% 0%		
		s for Fiscal Year 20	22-2022			1,700,000	100%		
	Total Project Costs	S IOI FISCAI TEAI 20	22-2023			1,700,000	100 /6		
8.	Has this project pro	eviously received s	state funding	? Ye	es				
	Fiscal Year (yyyy-yy)	Amo Recurring	unt Nonrecurri	na A	Spe pprop	cific riation #	Vetoed		
	2021-22	0		0,000		2197A	No		
9.	9. Is future 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.								
	Would rely upon lo	cal organizations for	assistance.						
10). Has the entity req	uesting this projec	t received an	v federa	al assis	stance relat	ed to the COVID-	19 pandemic?	
	No No	acoming time project		, ioucie	43313	idiloo iolat		io pandonno:	



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If yes, indicate the amount of funds received and what the funds were used for.				

11. 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	Equipment (simulators), medical supplies, textbooks, computers, marketing of program, and tuition.	1,700,000			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (m	ust equal total from question #6)	1,700,000			

12. Program Performance

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

Funding received will allow for continued technical and skills training, outside of agriculture, for individuals in the agriculture community.

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

Technical and skills training for individuals, outside of agriculture training, either currently employed in agriculture and/or individuals seeking employment opportunities outside of the agriculture industry.

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

There will be training and tuition provided directly to programs at educational facilities to help individuals surrounding the region of Lake Okeechobee. The future of this program is designed to grow to continue to meet the training and workforce needs outside of agriculture in the Glades region.

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

Target population to be served are jobless persons, economically disadvantaged persons, homeless persons, university/college students, and current and formerly incarcerated persons.

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

The success of this program will be measured by the number of tuition grants requested, number of people attending training classes/college, increase in citizen employment, and decrease in those who use assistance programs.

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 the contract?



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	Standard contract penalties are sufficient.
13.	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.	-		

N/A		



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14. Requestor Contact Information							
	a. First Name	Tammy	Last Name	Jackson-Moore			
	b. Organization	The LORE Group / Guardians of the Glades					
	c. E-mail Address	guardiansoftheglades@gmail.com					
	d. Phone Number	(561)914-0311	Ext.				
15.	Recipient Contact	Information					
	a. Organization	The LORE Group / Guard	ians of the G	lades			
	b. Municipality and	unicipality and County Palm Beach					
	c. Organization Typ	oe					
	□For Profit Entity						
	☑Non Profit 501(c	9)(3)					
	□Non Profit 501(c	Non Profit 501(c)(4)					
	□Local Entity	cal Entity					
	□University or Co	llege					
	□Other (please specify)						
	d. First Name	Tammy	Last Name	Jackson-Moore			
	e. E-mail Address	guardiansoftheglades@gmail.com					
	f. Phone Number	r (561)914-0311					
16.	16. Lobbyist Contact Information						
	a. Name	Sean A. Pittman					
	b. Firm Name	Pittman Law Group PL					
	c. E-mail Address	sean@pittman-law.com					
	d. Phone Number	(850)216-1002					