



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1149

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The South Florida Wildlife Center would like to request \$300,000 for a Work Program in Cooperation with the FLITE (Fort Lauderdale Independence, Training & Education) Center and offer access to the work force for youth aging out of foster care. Our program will aide transitioning youth to become successful adults within a safe, nurturing work environment promoting personal growth while developing practical work skills in the Wildlife veterinarian technicians and Wildlife Rehabilitation careers.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	90%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	34,000	10%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>334,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

#### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

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?

12. 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.

#### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	The South Florida Wildlife center will provide Wildlife Foster Youth work force current employees' wages as Wildlife Rehabilitators or Veterinarians Technicians. SFWC will provide a match of \$34,000 to cover all costs for including FICA, SUTA, FUTA, W/C, Health Insurance, Dental and Vision insurance, 3 weeks of paid vacation up to 10% per employee.	300,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

#### 14. Program Performance

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



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Create at least 7 full-time job opportunities per year through the SFWC-FLITE Center work experience program. These young adults will begin building their lives as productive members of the community and possibility of full employment in Wildlife careers

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

Successfully train and employ 7 vulnerable foster care youth to successfully transition to independence through employment here at the Center and prepare them for a career in wildlife management as wildlife Rehabilitators or veterinary technicians.

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

Offer comprehensive access to the work force for youth aging out of foster care. Our program will aide transitioning youth to become successful adults within a safe, nurturing work environment that promotes personal growth while developing practical life skills in the Wildlife veterinarian technician medicine and Wildlife Rehabilitation careers.

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

Youth aging out of foster care. They are chronically homeless youth, human trafficking survivors and LGBTQ+ youth. The need for partners willing to train and employ these foster kids is imperative. The SFWC will be such partner. The FLITE center will provide the SFWC young adults to work at our Center for 1 year, to develop essential skills and competencies in daily living, decision-making and interpersonal communication. Through our work experience program, these young adults will begin building their lives as productive members of the community and possibility of full employment in Wildlife careers.

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

Successfully train and employ 7 vulnerable foster care youth per year to successfully transition to independence through employment at the South Florida Wildlife Center and prepare them for a career in wildlife management as wildlife Rehabilitators or veterinary technicians. Applicants successfully completing their training program will be referred for employment to veterinary hospitals and wildlife centers around the State.

**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?**

Standard State of Florida contract penalties.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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)



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- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**