



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1041

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This service is to provide 3 Vocational Trainers and 2 Supported Employment Coaches to provide vocational training and job readiness skills to adults with intellectual and developmental disabilities. These individuals reside in the community either in their family home, group home or Supported Independent living that are economically disadvantaged due to lack of employment skills. The Key West business community is desperate to hire local people that are reliable and eager to work and be contributing members of their community. The Vocational trainers will focus on teaching skills that will be an asset to local businesses.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

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)	150,000	86%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	25,000	14%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	175,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	150,000	240A	No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

No other source of funding available



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	3 vocational trainers and 2 supported employment coaches	150,000
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 (must equal total from question #6)		150,000

13. Program Performance

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

The goal is to provide 3 vocational trainers and 2 supported employment coaches to provide vocational and job readiness skills that meet the needs of the local business community that is desperate to hire retain individuals that are eager to work and contribute to their community.

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



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Job readiness training in areas of need to the local business community such as hospitality, food service, housekeeping, horticulture and landscape maintenance.
Supported Employment Coaches will provide training in Employment Application submission, interviewing and on the job training post placement.

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

Pre-employment and employment training including job acquisition and retention.

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

75 adults and teens with intellectual disabilities that are living below the poverty level receiving only SSI benefits for economic support.

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

The benefit will be that individuals with disabilities will obtain and retain meaningful employment at or above minimum wage and allow them both career wise and financially to be contributing members of the Key West community.

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?

Failure to provide Vocational Training or Supported Employment services, as deliverables to a specific number of individuals per month to reach their individual goals will result in (0.25%) per individual reduction in funds.

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
- 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)?



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- 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)

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



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d. Phone Number

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