



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1079

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The South Florida Hispanic Chamber of Commerce Foundation's Minority Education Enhancement Program was established in 1994 to enhance the quality of education of financially disadvantaged local students throughout Miami-Dade and Broward County by providing them with different types of internships and/or scholarship opportunities. This program has awarded over \$900,000 in scholarships and paid internships in the past 28 years.

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	71%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	100,000	29%
Total Project Costs for Fiscal Year 2025-2026	350,000	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		
2024-25	0	125,000	2305	Yes

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.**
- None.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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	Oversees the development, implementation, and maintenance of individual project objectives and short- and long range plans; develops tracking and evaluation programs to assist in the accomplishment of established project goals and objectives.	60,000
Other Salary and Benefits	One Outreach Coordinator, Two Administrative Assistants who will assist the director with the implementation of the project.	90,000
Expense/Equipment/Travel/Supplies/Other	Facilities Rental, workshops, gas, meals, traveling arrangements, transportation, hotel stay.	20,000
Consultants/Contracted Services/Study	Consulting expert services including university professors and business and community leaders for the program development and implementation.	20,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Facilities Rental, workshops, gas, meals, traveling arrangements, transportation, hotel stay.	40,000
Consultants/Contracted Services/Study	Facilities Rental, workshops, gas, meals, traveling arrangements, transportation, hotel stay.	20,000
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?

Provide job placement and internship opportunities for low-income minority students across Miami-Dade and Broward County.

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



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Partnering with business leaders and organizations and high schools across both counties to identify critical areas of need and job placement opportunities for these students.

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

Career counseling, resume assistance, job fairs, computer literacy, financial literacy.

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

Low income socially disadvantaged students in 11th and 12th grade and first year college students. Approximately 125-150 students.

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

Job training and job placement for these individuals. Job retention beyond 12 months is metric for successful placement.

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?

Monies may be withheld if the organization fails to meet deliverables.

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)?

- Yes, Applied
- Yes, Received



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- 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

d. Phone Number



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