



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1114

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

These funds will help our organization to expand services to at-risk youth (ages 10 - 21) residing in underserved communities by implementing youth mentoring services that help them to develop character, confidence, leadership, discipline, self-esteem, and positive life skills. The organization will be able to secure a physical location for weekly program activities. We have been operating since 2019. The mission of this organization is to improve the quality of life for community residents by implementing at-risk youth mentoring activities, educational support, and performing arts projects.

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	600,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>600,000</b>

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)	600,000	84%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	111,750	16%
Other	3,000	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>714,750</b>	<b>100%</b>

8. Has this project previously received state funding?  No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.

Local funding (government and donors)

**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director is responsible for daily coordination and implementation of proposed interventions to ensure program requirements. Also responsible for managing staff, ensuring contract compliance, and building/maintaining collaborative partnerships with local and state agencies. (benefits included)	52,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Transportation service (\$45000) is greatly needed and imperative for youth and families receiving these program services. It will help improve participation and increase number of clients. Also defray cost for supplies and non-local fieldtrips throughout Florida (\$21,300).	66,300
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Assistant Director is directly responsible program activities. Assist with budgeting and bookkeeping. (includes benefits)	31,200
Expense/Equipment/Travel/Supplies/Other	Purchase office space (approximately 2000 square feet) located within the program zone service area.	400,000
Consultants/Contracted Services/Study	Defray costs for mentors, CPA, social media specialist, graphic artist, photographer, and cost related to maintaining office space	50,000
<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>600,000</b>

**13. Program Performance**

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



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

Workshops include financial literacy, healthy lifestyles, entrepreneurship, and life-social skills/etiquette training activities that are non-duplicated in public school settings. Arts-related activities include audio tech, basic piano lessons, songwriting (critical thinking), drumming for mental health, visual arts, music recording production, and talent showcase performances.

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

Direct services include, but not limited to, employability skills, gang resistance, social responsibility, human trafficking, police/community relations, parenting skills, social responsibility, tertiary education (career/college), and other services stated in 13b above.

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

Target population are students (ages 10 - 21), who may or may not be juvenile-justice-challenged, residing in underserved communities in Orange County, Florida. The total number of students served up to 100.

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

EXPECTED OUTCOME: #1 - Reduce recidivism/Divert from Criminal/Juvenile System (80%); and # 2 - Enhance specific individuals economic self-sufficiency (30%) by obtaining jobs while preparing for careers, college, and/or business-ownership.  
 METHODOLOGY: # 1- Complete job training, career/college preparation, business development workshop; and #2 - Conduct ongoing monitoring of referrals, attendance records, and follow-up contacts.

**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?**

The organization must return funding to the State of Florida if deliverables are not met.

**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



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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
- 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



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f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

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.*