



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1129

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

4. Project/Program Description

The following is a request for \$2,000,000 in non-recurring GR to provide staff retention bonuses to juvenile justice direct care staff employed by contracted providers of the Florida Department of Juvenile Justice. Current contracted employee working directly with children under the Department's care, control, and custody would receive annual retention compensation based on the longevity of employment and performance to help reduce employee turnover.

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	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

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)	2,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,000,000	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	1,250,000	1207	No

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.**

There is no additional funding available as all existing funding is provided through contractual agreements that do not provide for retention considerations.

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Provide retention compensation to direct-care staff of providers contracted with the Department of Juvenile Justice based on longevity of employment and performance.	2,000,000
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)		2,000,000

13. Program Performance

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

Request \$2,000,000 in non-recurring GR to provide for a staff retention plan to assist in retaining juvenile justice direct care staff employed by contracted providers of the Florida Department of Juvenile Justice. Current contracted employees working directly with children under the Department's care, control, and custody would receive annual retention compensation based on longevity of employment and performance.

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



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The requested funds will assist in retaining high performing, trained, and quality staff and increase the level of service delivery provided by direct care staff to youth within Florida's juvenile justice system.

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

Juvenile Assessment Center screening, Case Management, Residential Care Supervision.

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

Direct-care staff of contracted providers for the Florida Department of Juvenile Justice.

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

Funding of this request will reduce turnover amongst contracted staff members. Pending appropriation of dollars and in accordance with proviso, a report will be produced by Department of Juvenile Justice regarding the efficacy of the appropriation in helping reduce turnover amongst DJJ contracted staff. It will be submitted to House and Senate Budget Chairs as well as the Office of Policy and Budget.

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?

Compensation criteria will be pre-determined, and compensation will be distributed to staff members that meet longevity of employment requirements.

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



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- 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) State Agency

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.