

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

### The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

OIC of South Florida Workforce Development Placement Program

The program will equip unemployed and underemployed individuals obtain employment in high-demand industries,

Ana Maria Rodriguez

2/18/2025

**LFIR # 1574** 

South Florida will se	nent rates, and furtherve individuals and	families, building a	I to become the top st talent pipeline from K- leading to an increase	-12 through career	education, offerin
5. State Agency to re State Agency conta	•	<b>Inds</b> Departm	ent of Commerce		
. Amount of the Non	recurring Request	for Fiscal Year 20	25-2026		
Type of Funding			Amou	unt	
Operating				1,000,000	
Fixed Capital Outlay	/			0	
<b>Total State Funds</b>	Requested			1,000,000	
Total Project Cost	for Fiscal Year 202	5-2026 (including	matching funds avai  Amount	lable for this proje  Percentage	ect)
Total State Funds R	tequested (from que	estion #6)	1,000,000	21%	
Matching Funds					
Federal			2,500,000	51%	
State (excluding the	amount of this requ	uest)	408,313	8%	
Local			0	0%	
Other			1,003,000	20%	
<b>Total Project Cost</b>	s for Fiscal Year 20	025-2026	4,911,313	100%	
B. Has this project pr If yes, provide the	•	_	No		
Fiscal Year	Amo	ount	Specific Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
). Is future-year fund	ing likely to be req	uested?	Yes		
a. If ves. indicate r	onrecurring amou	ınt per year.	1,500,000		

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

Other federal and state grants; and community and private foundation funding.



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a. What is the cu		he project?				
Planning	Design	Construction	O N/A			
b. Is the project	"shovel ready" (	i.e permitted)?				
c. What is the es	stimated start da	te of construction?				
d. What is the es	stimated comple	tion date of constru	ction?			
e. What funding	stream will be u	sed for ongoing ope	rations a	nd maintenand	e of the projec	et?
		o receive, directly or rs of the facility and			oital outlay fun	ding. Include the

### 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	Staffing - program managers/supervisors, outreach staff, FT credentialed/certified educators.	700,000
Expense/Equipment/Travel/Supplies/ Other	Vocational training activities, educational materials, certifications, assessments, curricula, software, classroom resources, work-based learning safety equipment and job materials, progress monitoring tools, and performance measurement tools for 100+ individuals.	150,000
Consultants/Contracted Services/Study	Adjunct Trainers for vocational and specialized training.	150,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	1,000,000

### 13. Program Performance

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

The program will equip unemployed and underemployed individuals obtain employment in high-demand industries, reducing unemployment rates, and furthering Florida's goal to become the top state for workforce education by 2030. OIC South Florida will serve individuals and families, building a talent pipeline from K-12 through career education, offering vocational training, certification, and wrap-around support, leading to an increase in self-sufficiency, resulting in positive economic growth.

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



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OIC will conduct labor market informed career development activities, provide vocational training, industry-recognized credentialing programs, wrap around support, and job placement.

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

Direct training services in electrical, fiber optics, I.T., logistics, culinary, construction, and related fields; and youth leadership development, internships, and career readiness training.

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

We anticipate serving 100+ jobless persons, economically disadvantaged persons, at-risk youth, job seekers in substance abuse treatment or recovery, middle and high school students, university/college students, currently or formerly incarcerated persons, and justice-involved individuals.

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

The expected outcomes and benefits include improving the quality of education, protecting the general public from harm, increased and improved economic activity, creating specific immediate job opportunities, enhancing an individual's and family's economic self sufficiency, reducing recidivism, and diverting youth from entering into-or recidivating from the criminal/juvenile justice system. These outcomes will be measured by tracking participants on the employment journey - from interview opportunities to placements per quarter.

from interview opportunities to placements per quarter. 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? Return the funding to the state. 14. Is this project related to mitigation, response, or recovery from a natural disaster? No 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)  $\Box$ Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure) 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#:

16. Has the entity applied for or received state assistance for this project (other than this request)?

b. Provide the total project cost listed on the FEMA project worksheet:



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☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the	e program	and state age	ency (ex. Loca	al Governme	nt Emergenc
Commerce):					
17. Requester Contact	Information	on			
a. First Name	Newton		Last Name	Sanon	
b. Organization	OIC of So	uth Florida			
c. E-mail Address	nsanon@d	oicsfl.org			
d. Phone Number	(954)368-	5509	Ext.		
b. Municipality and c. Organization Ty □For Profit Entity □Non Profit 501(c □Non Profit 501(c □Local Entity □University or Co □Other (please sp	(3) (3) (4) Ilege	Broward			
d. First Name	Newton		Last Name	Sanon	
e. E-mail Address		oicsfl.org			
f. Phone Number	(954)368-		Ext.		
19. Lobbyist Contact I					
a. Name	None				
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.