



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1689

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

4. Project/Program Description

The Nature-Based Wellness (NBW) Workforce Initiative, proposed by Nwamara Center for Integrative Health, seeks funding to train a diverse workforce in NBW practices like herbal medicine and other plant therapies. It aims to integrate traditional healing with modern healthcare, preserve ecological knowledge, promote sustainability, and expand access to holistic care in underserved communities. The initiative emphasizes research, collaboration with healthcare providers, and building networks.

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	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	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	300,000	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		

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.**
-

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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Fiscal Year 2025-2026

LFIR # 1689

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	The cost will include curriculum development, daily operations, and creating assignments and testing for each course. Expenses cover salaries for key staff: the Program Manager, overseeing overall execution, and the Program and Community Outreach Coordinator, managing engagement, recruitment, and stakeholder coordination to ensure effective outreach.	60,000
Other Salary and Benefits	This cost includes salaries for Lead Instructors and a Sustainability and Ecological Wellness Educator. To include fees for Professional Guest Instructors and Marketing.	95,000
Expense/Equipment/Travel/Supplies/Other	Cost include access to program materials, including learning resources, tools, and supplies. Certification upon successful completion of the course. Graduation costs and ceremonies.	55,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	This cost includes paid participant training for 25 learners over 16 weeks. NCIH will provide training 2 days a week (Wednesday and Friday) for 4 hours a day, totaling 128 training hours. The hourly pay for each participant is \$18.75 per hour.	60,000
Expense/Equipment/Travel/Supplies/Other	The cost for supplies and tools, textbooks, Leased Learning Area, and utilities.	30,000
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)		300,000

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?

The Nature-Based Wellness Workforce Initiative boosts economic self-sufficiency by offering training in nature-based healing practices like herbal medicine and providing certification for credibility. It creates entrepreneurial opportunities, access to wellness and eco-tourism jobs. By promoting sustainability, it supports stable careers and community leaders in a growing, eco-conscious industry.

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

The funding will directly provide citizens with training in nature-based healing practices like herbal medicine, offering certification that enhances job credibility. This initiative will create entrepreneurial opportunities, supporting wellness sector careers. By promoting sustainability, it fosters long-term, stable employment for community leaders in a growing eco-conscious industry.

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

Elderly persons, persons with poor physical health, jobless persons, economically disadvantaged persons, and university/college students. Expect to serve less than 25 persons.

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

Improve physical health (improvement in participants' understanding of physical health techniques, assessed through pre- and post-training knowledge evaluations), improve mental health (improvement in participants' understanding of mental health practices, assessed through pre- and post-training knowledge evaluations), enrich cultural experience (pre- and post-training evaluations of participant cultural knowledge, documented practices, and feedback on cultural relevance and impact), improve quality of education (pre and post training assessments and tracking pass rates of course exams), increase or improve economic activity (increased adoption of holistic wellness practices and the growth of entrepreneurial ventures among participants within six months to one year following program completion), and enhance specific individual's economic self sufficiency (self-report surveys to track income).

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?

In addition to standard penalties for failing to meet deliverables, the Department of Education may consider reducing funding for non-performance. In some cases, future funding may be suspended, halting payments until compliance is achieved. Another penalty is the requirement for corrective action planning, where the contractor must submit a plan outlining how they will meet performance goals and address deficiencies.

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)
- 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?



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1689

- 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
- 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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1689

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

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