

**LFIR # 1723** 

1. Project Title	Hands of Mercy Training	Everywhere Teer	n Moms and At-Risk Yo	uth Vocational		
2. Senate Sponsor	Stan McClain					
3. Date of Request	2/24/2025					
4. Project/Program D	escription					
maintaining employeducational, vocational, management, menta	ment. Funding will p onal (hospitality, culin al health, and life sk e education. This pr	repare foster teer nary, nursing assi ills training. Many ep vocational pro	o finish high school or to n moms & at-risk teens stant, daycare worker, of the girls participating gram will give them who	for the workforce th mortuary cosmetolog in the program are	rough civics, ogv), medication	
5. State Agency to re	ceive requested fu	<b>nds</b> Depart	ment of Education			
State Agency conta	acted? No					
6. Amount of the Non	recurring Request	for Fiscal Year 2	2025-2026			
Type of Funding			Amo	unt		
Operating				594,810		
Fixed Capital Outlay			0			
<b>Total State Funds</b>	Requested		594,810			
7. Total Project Cost f	for Figaal Vaar 202	E 2026 (includin	a motobina fundo ovo	ilabla far thia mrair	4\	
7. 10tal 110ject 00st 1	ior Fiscal Tear 202	5-2026 (Including		ilable for this proje	ect)	
Type of Funding			Amount	Percentage		
Type of Funding Total State Funds R			-		ect)	
Type of Funding Total State Funds R Matching Funds			<b>Amount</b> 594,810	Percentage 91%	ect)	
Type of Funding Total State Funds R Matching Funds Federal	Requested (from que	estion #6)	Amount 594,810	Percentage 91%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the	Requested (from que	estion #6)	Amount 594,810 0 0	Percentage 91% 0% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Requested (from que	estion #6)	Amount 594,810 0 0 0	Percentage 91% 0% 0% 0%	ecty	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from que e amount of this requ	estion #6)	Amount 594,810 0 0 0 56,700	Percentage 91% 0% 0% 0% 9%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Requested (from que e amount of this requ	estion #6)	Amount 594,810 0 0 0	Percentage 91% 0% 0% 0%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from que e amount of this requested for Fiscal Year 20 eviously received s	estion #6)  uest)  025-2026  state funding?	Amount 594,810 0 0 0 56,700	Percentage 91% 0% 0% 0% 9%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	e amount of this requested (from quested (from quested (from quested en amount of this requested en amount of this	pestion #6)  puest)  puest)  puest p	Amount 594,810  0 0 0 56,700 651,510  Yes	Percentage 91% 0% 0% 0% 9%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy)	e amount of this requested (from quested (from quested (from quested en amount of this requested from Fiscal Year 20 eviously received en amost recent instantant en amount from Recurring	pestion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)  Destion #6)	Amount 594,810  0 0 0 56,700 651,510  Yes  Specific Appropriation #	Percentage 91% 0% 0% 0% 9% 100%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	e amount of this requested (from quested (from quested (from quested en amount of this requested en amount of this	pestion #6)  puest)  puest)  puest p	Amount 594,810  0 0 0 56,700 651,510  Yes  Specific Appropriation #	Percentage 91% 0% 0% 0% 9% 100%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy)	e amount of this requested for Fiscal Year 20 eviously received smost recent instan  Recurring	estion #6)  Destion #6)	Amount 594,810  0 0 0 56,700 651,510  Yes  Specific Appropriation #	Percentage 91% 0% 0% 0% 9% 100%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy) 2024-25	e amount of this requested from quested from quested from quested en amount of this requested from Fiscal Year 20 eviously received sometimes and the recent instantial from Recurring to the first of the first of the requested from the first of the requested from the requested from the first of the requested from the	pestion #6)  Destion #6)  Desti	Amount 594,810  0 0 0 56,700 651,510  Yes  Specific Appropriation #	Percentage 91% 0% 0% 0% 9% 100%		
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (yyyy-yy) 2024-25 9. Is future-year fund a. If yes, indicate n	e amount of this requested (from quested (from quested (from quested en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received standard en amount of this requested for Fiscal Year 20 eviously received en amount of this requested for Fiscal Year 20 eviously received en amount of this requested for Fiscal Year 20 eviously received en amo	estion #6)  Destion #6)  Destio	Amount 594,810  0 0 0 56,700 651,510  Yes  Specific Appropriation #	Percentage 91% 0% 0% 0% 9% 100%		



**LFIR # 1723** 

### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Const	ruction					
a. What is the cu	urrent phase of t	he project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready" (	i.e permitted)?		No		
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	erations a	nd maintena	ance of the proje	ct?
		o receive, directly or rs of the facility and			capital outlay fu	nding. Include the
N/A						

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Education and Life Skills Director	34,000
Other Salary and Benefits	Counselor (25,500) and Administrative Assistant (31,200)	54,700
Expense/Equipment/Travel/Supplies/ Other	FICA (29,643), Unemployment (1,278.75), Health Insurance (59,2870), Life Insurance (465), Worker's Comp (6,471), Retirement (11,625), Dental Insurance (2,092)	110,863
Consultants/Contracted Services/Study	Psychologist assessments	48,000
Operational Costs		
Salary and Benefits	Academic Coordinator (50,000); Life Skills Mentoring Coordinator (49,000); Vocational Coordinator (49,000); Academic Mentor/Tutor (20,000); Vocational Mentor-Culinary (40,000); Transporter (36,000); Summer and Holiday Extra Staff (6,800); Benefits-Background Screenings, Office Supplies, Printing, Cell Phones, Utilities, Administrative Costs, Mileage Reimbursement, General Liability (96,447)	347,247
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	594,810

### 13. Program Performance

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



**LFIR # 1723** 

The funding will allow us to provide educational and mentor services for foster teen moms, teens in foster care, and youth who are at-risk of sex trafficking including life skills, job training (hospitality, culinary, nursing assistant, daycare worker, mortuary cosmetology), mental health support, medication management, DJJ support, and include an aging out of foster care support group. It will include GED tutoring and civics courses.

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

Many teens that arrive at Hands of Mercy Everywhere are in 10th grade with a 4th grade education. Many are not able to attend regular high school because they are so far behind academically. This funding will allow us to provide a real life and prep vocational education for the teens.

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

Prep Vocational and life-skills education: hospitality, culinary, nursing assistant, daycare worker, mortuary cosmetology, GED prep

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

Girls in foster care that are teen moms or are pregnant, teens who have been/are at risk of sex trafficking. Around 100 individuals will be served.

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

The expected outcome of this project is that these teens who have not been able to receive an education because of life situations will be able to get a job, become an adult and be able to take care of their babies. The methodology will be measured by how many teens complete the program, obtain jobs and own a car.

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?

		iming to most deliverables of performance measures provided for in the confident.						
Reversion of funds to the state.								
14.	ls t	his project related to mitigation, response, or recovery from a natural disaster? No						
i	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 infastructure)						
ı	b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):						
15.	Has	s the entity applied for or received federal assistance for this project?						
		res, Applied						
	<b>ا</b> ا	res, Received						
	□ N	No						
	□ N	No, but intends to apply						
	a. If	yes, provide the FEMA project worksheet ID#:						



**LFIR # 1723** 

of

b. Provide the total	project c	ost listed on the	e FEMA proj	ect worksheet:	
16. Has the entity app	lied for o	r received state	assistance t	for this project (other than this ı	request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
□ No, but intends to	o apply				
a. If yes, specify the Commerce):	e progran	n and state ager	ncy (ex. Loca	al Government Emergency Brid	ge Loan, Departmen
7. Requester Contact	t Informat	tion			
a. First Name	Diane		Last Name	Schofield	
b. Organization	LSF Han	nds of Mercy Ever	ywhere		
c. E-mail Address	diane@h	nandsofmercyeve	rywhere.org		
d. Phone Number	(352)454	1-0803	Ext.		
O Desirient Contact	Informat:				
8. Recipient Contact a. Organization		Services Florida			
b. Municipality and					
c. Organization Ty	-				
☑For Profit Entity	-				
·					
□Non Profit 501(c	, , ,				
□Non Profit 501(c	c)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Lisa		Last Name	Mayrose	
e. E-mail Address	Lutheran	Services Florida			
f. Phone Number	(727)434	I-0800	Ext.		
9. Lobbyist Contact I	nformatio	on			

None

a. Name



**LFIR # 1723** 

b. Firm Name		
c. E-mail Address		
d. Phone Number $igl[$		

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