



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1741

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Florida Ozer Center is a community resource hub dedicated to guiding individuals and families in accessing vital services that enhance their financial stability and overall well-being. We assist with daily living challenges, medical crises, job placement support, and provide guidance for raising children with special needs while connecting families with organizations that offer essential assistance. Our team works closely with individuals to ensure they can navigate challenges effectively and secure opportunities for growth. With this grant, we aim to expand our reach, enhance service delivery, and continue empowering individuals to achieve long-term financial and personal success.

5. **State Agency to receive requested funds**

State Agency contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

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)	150,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	50%
Total Project Costs for Fiscal Year 2025-2026	300,000	100%

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?** No

a. **If yes, indicate nonrecurring amount per year.**

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



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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 salary for the Executive Director/Project Head covers oversight of all divisions and the day-to-day operations of the Florida Ozer Center. This role ensures efficient program management, staff supervision, and community outreach to maximize the Center's impact.	50,000
Other Salary and Benefits	Salary for the Yahalom Director covers the management of programs that support families raising children with special needs. This role ensures personalized guidance, resource connections, and program development to enhance services for the community.	40,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Budget for events, including educational and awareness initiatives, informative community webinars, networking events for job seekers, website-related costs, marketing expenses, and office supplies.	60,000
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)		150,000

13. Program Performance

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



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The requested funds will enhance the Florida Ozer Center's ability to provide critical support services, including job assistance, guidance for families raising children with special needs, and help with daily living challenges. These funds will enable the expansion of our reach, improve service delivery, and ensure long-term sustainability, allowing us to assist more individuals and families in achieving financial stability and overall well-being.

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

The funds will support personalized guidance for families facing hardships, job placement assistance, resources for families raising children with special needs, and a trusted community hub for support. Additionally, they will enable community outreach, program development, and staff support to ensure individuals receive the help they need to navigate daily challenges and access essential services.

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

The project will provide direct services including resource navigation, application guidance, food benefits assistance, housing resources, debt relief, and insurance assistance through our Gesher division. Additionally, through Yahalom, we will support families raising children with special needs by offering therapy referrals, education advocacy, equipment assistance, support groups, program matching, and equipment funding.

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

The target population served by this project includes individuals and families in Florida facing financial hardships, daily living challenges, medical crises, and those raising children with special needs. Based on our numbers from the previous year, we anticipate serving over 1,000 individuals, primarily throughout South Florida, with some callers reaching out from other areas as well.

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

The expected benefit of this project is to create a community where individuals can turn in times of difficulty, ensuring that no one has to face challenges alone. Additionally, our goal is to assist families through difficult times and help them regain stability so they can become independent and thrive. The outcome of success will be assessed through the number of individuals served and feedback from families who receive support. We will track these metrics using our Salesforce account to monitor impact and improve service delivery.

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?

Suggested penalties may include reduced funding allocation.

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?

- Yes, Applied
- Yes, Received
- No



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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

University or College

Other (please specify)

d. First Name Last Name



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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.