



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1865

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Holy Trinity Episcopal School, founded in 1996, provides education for students in grades 6-12 who have learning disabilities. The school has developed a school improvement plan for specialized instruction and services. The school is seeking funding for academic program development and physical plant improvement.

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	80,000
Fixed Capital Outlay	220,000
<b>Total State Funds Requested</b>	<b>300,000</b>

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

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.**

**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)?** No

**c. What is the estimated start date of construction?** 11/01/2025

**d. What is the estimated completion date of construction?** 11/01/2026

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

Private donors, contributions from the congregation of Holy Trinity Episcopal Church.

**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.**

Holy Trinity Episcopal Church is the owner of Holy Trinity Episcopal School. Fixed capital outlay funding will be received by the Secretary of Finance from the Board of Directors of Holy Trinity Episcopal Church.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Faculty/Administrator for specialized instruction and services program \$55,000 salary, \$20,000 benefits, \$5,000 supplies	75,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Greg Beliveau, LPG Urban and Regional Planners	5,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction classroom building - \$80,000 Chain link security fencing - \$33,000 Portable classroom building - \$100,000	220,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

**13. Program Performance**

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

The goal of Holy Trinity Episcopal School, through funds requested, is to improve the quality of the specialized instruction and services initiative. This will establish a foundation to increase enrollment and to add K-5 grades to the school.

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



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Expanded services to be provided to current student population, and to future population increases, include improved quality standards for individual learning plans, enhanced curriculum and instruction, family involvement and support, transition from school to work programs and positive behavior intervention and support.

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

Citizens of Fruitland Park and Lake County who have school aged children experiencing educational difficulty due to learning disabilities will have greater access and the support of a local high quality educational institution.

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

The target population is families with children experiencing learning disabilities. It is estimated that 15-20% of families have a child who learns differently and who are not finding success in traditional public schools.

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

Students with learning disabilities are often marginalized and experience a high dropout rate during their secondary school years. The enhanced academic program at Holy Trinity Episcopal School will be able to address more students. Outcomes will be measured through the Review and Monitoring of Progress and Outcomes section of the Enhanced Specialized Instruction and Services initiative.

**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?**

Incentives for work completed ahead of schedule. Financial penalties for work completed late.

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)?



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- 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**

**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.*