



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1878

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

4. **Project/Program Description**

The purpose is to provide EL-Beth-El's Youth Mentoring Program resources to prevent Juvenile Crime and protect the public. Our areas of focus will be family and behaviors of our youth while partnering with the schools to support the reduction of behavioral delinquency within the schools. The purpose of this funding is to provide alternative avenues and activities to defer delinquency and provide a safe haven for youth to grow and mature to become productive citizens workforce ready youth/young adults.

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	86,000
Fixed Capital Outlay	14,000
Total State Funds Requested	100,000

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)	100,000	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	100,000	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		
2024-25	100,000	0		No

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.**

None at this time.

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? 10/01/2025

d. What is the estimated completion date of construction? 01/30/2026

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

donations and fundraisers

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.

Lorenzo Hall CEO EI-Beth-EI Development Center Inc.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director, 2-Pt-Time Program Managers	43,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Travel, milage, computers, INTERNET services, presentation supplies, facility	4,000
Consultants/Contracted Services/Study	Auditor, and Legal consultant, Data Specialist, Book-keeper, Data Systems Manager, Tax Consultant/Preparer, Program Consultant	2,500
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Computers, Web, Field Trips (Transportation/Meals), Telephone, Insurance, Liability Coverage, Transportation, Utilities, Security, Field Print Background Checks, Printer/Printing, Office basic supplies - paper, folders, pens), facility rental, Misc., etc	6,000
Consultants/Contracted Services/Study	Program PPD Consultant, , 3-Facilitations Writing Group Consultant, Assessment Consultant, Evaluation Consultant, Course Facilitators 3)	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Purchase Multi-purpose facility to place on current property meeting permit and code requirements- modular facility with 30 year warranty on roof., electrial, quick instalation portable prefabricated restrooms (male, female, and family) preconstruction placed on cement foundation	14,000
Total State Funds Requested (must equal total from question #6)		100,000

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?

Interpersonal Skills, Training, Behavior Modification Training, Community Involvement and volunteering, and partnering with agencies to provide jobs as an introduction into becoming a productive citizen. Workforce Training, Food Management Certification and Social Behavioral Education.

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

Volunteering, and partnering with agencies to provide jobs as an introduction into becoming a productive citizen. Workforce Training, Food Management Certification and Social / Behavioral Education.

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

Economically disadvantaged persons, At risk youth, Grade School students, High School Students, University and College students, Currently or formerly incarcerated persons, Drug offenders in criminal justice, Victims of Crime

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

The exposure and enrichment which will be provided through the program will allow our participants to have exposure in areas which are fundamental to human growth and development, this can be used as a gauge for growth that follows. Assessment before and after as well as evaluation. These activities within the program will increase the presence of qualified mentors and coaches to work with them and deter their activities which may have activities which will be family focused and engage parents to build a better environment. One family activity per quarter with a 60% engagement rate

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?

None

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
- No, but intends to apply



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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

e. E-mail Address

f. Phone Number Ext.



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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.