



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1960

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Workforce Readiness will help improve our workforce systems by providing on-site job training for University students on campus and youth who do not have the access to employment in the workforce due to lack of proper training. Florida Memorial University is committed to equipping students with the skills needed for career success in a competitive job market. The support will expand internships and apprenticeships programs with local and national employers; strengthen industry partnerships to align curricula with workforce demands; enhance career services including resume workshops, mock interviews and networking events; develop professional certification programs to increase job readiness and employability.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	33%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	750,000	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.**

Donations and matching



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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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Program Developers to help assist in curriculum development, needs assessment, partnership building, program implementation and student support. Practitioners to help support students in their career development and job readiness via career counseling, internships coordination.	500,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

13. Program Performance

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

The goal of the program is to support the professional growth of a diverse workforce through learn to work programs, workforce development certificates and corporate partnerships. The Workforce Readiness will align workforce development with employment strategies to create economic opportunities for students and the community.



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

Participants will receive preparations training and certificates for specifics employment opportunities in targeted industries and job placement.

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

Participants will receive preparation, training, and certificates for specific employment opportunities in targeted industries.

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

The targeted population are University students, High School students, the economically disadvantaged persons, at risk youth, homeless, developmentally disabled, physically disabled. The targeted population are expected to serve over 800.

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

The benefit to improve the quality of education is to provide access to certificates and credentials to improve employment and economic opportunities in the community. We will monitor the number of participants completing the program with a certificate and placed for employment.

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?

Return the funds

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.