



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1985

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Workforce program will provide veterans and their families with training and career opportunities, increasing economic security, and decreasing financial stress which is a risk factor to veteran suicide. It will also provide them with purpose again after transitioning out of the military, further decreasing risk of suicide. In addition, Florida's economy will benefit by assisting to fill in-demand jobs.

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	900,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>900,000</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)	900,000	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>900,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	800,000	125	No

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**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1985

**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
<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	Operations Manager, Grant Compliance and Accounting	75,000
Expense/Equipment/Travel/Supplies/Other	Data Management, facilities, and other programming costs	25,000
Consultants/Contracted Services/Study	Workforce Development and Training, Program Development and Case Management, Outreach and Community Engagement	800,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>900,000</b>

**13. Program Performance**

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

Provide veterans and their families with economic security, decreasing financial stress leading to veteran suicide, and benefiting Florida's economy. We have the second highest number of veterans and transitioning into a career after the military is challenging. Giving them training opportunities as trade workers allows them to get into high paying careers in very little time. This relieves financial burdens causing emotional distress, creates purpose again, and improves the state economy.

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



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Outreach, evaluations, case management, training and certification in trade-work will be provided. This is for veterans and family members who are low-income and higher education is not a good fit. Operation Warrior Resolution will also be providing mental health therapy to participants to ensure completion of training and success in the workforce.

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

Training and certification in trade work such as obtaining a CDL license.

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

This project targets individuals who are economically disadvantaged, experiencing poor physical health, experiencing poor mental health, jobless, homeless as well as disabled veterans. This project will serve 100 or more individuals in Florida.

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

This project is expected to create specific and immediate job opportunities by giving them access to high paying and in demand jobs in as little as six weeks. The outcomes and data can be tracked by the DEO and DOE. This project will also enhance specific individual's economic self sufficiency by giving them access to a job with a median salary of \$70,000 as stable income for the family. Labor market data can be used to track changes in employment, wages, and benefits for truck drivers and other workers. This can provide insights into the overall impact of the initiative on job opportunities and income levels for individuals.

**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 of a pro-rata portion of the funds if the program fails to meet the established deliverables and performance measures, such as the training of a sufficient number of drivers, serves as a penalty for non-compliance and ensures the responsible use of taxpayer dollars.

**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:**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1985

**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.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**



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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.*