



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2107

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In collaboration with Pinellas County Schools (PCS), the Teacher Apprenticeship Program aims to fill teacher vacancies through a new instructional model to earn a bachelor's degree in education that is both accessible and fiscally feasible. Many PCS classroom employees (teacher assistants, paraprofessionals, medical behavioral assistants, child development associates, PE assistants, bilingual assistants) hold an A.A. degree and are already invested in the district and our communities. By completing an apprenticeship, these employees would obtain a bachelor's degree in Exceptional Student Education or Primary Pre-K Education with Reading and ESOL endorsements. Up to 30 employees will be selected to participate in the cohort for this upcoming year.

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	600,000
Fixed Capital Outlay	0
Total State Funds Requested	600,000

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)	600,000	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	600,000	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	Incremental Instructor Salaries (30x \$6,666)	200,000
Other Salary and Benefits	Field Supervisors, Support Personnel	200,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Local Travel, Assessment Scoring, Apprentice Project Materials	200,000
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)		600,000

13. Program Performance

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

Apprentice Mentor Teacher shall mentor his or her apprentice teacher using team teaching strategies and must, at a minimum, meet the following: Have at least five years of teaching experience in Florida, Received an aggregate score of highly effective on the three most recent Value Added Model (VAM) scores, or performance evaluations if the teacher does not generate a State VAM score, Clinical Education Trained Principal's recommendation.

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



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

Tuition-free education and cost of certification exams covered. An hourly differential will be added for two years while getting on-the-job training for apprentices; a \$2,000 annual stipend for mentors. All necessary technology provided. Guaranteed pathway to a teaching position upon completion of the program.

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

Pinellas County Students and Teachers

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

Filled instructional positions by qualified staff. Model of collaboration between K-12 district and state college that can be scaled across the state.

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

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.