



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2434

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Handy, Inc. requests funds to expand its programs supporting at-risk youth from Broward's most underserved neighborhoods. The funding will enhance post-secondary education preparation, workforce development, and job placement, ensuring youth have the tools to succeed. This investment will allow Handy to increase the number of youths served by 15% annually, providing critical opportunities for self-sufficiency and participation in Florida's workforce.

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	950,000
Fixed Capital Outlay	0
Total State Funds Requested	950,000

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)	950,000	40%
Matching Funds		
Federal	350,000	14%
State (excluding the amount of this request)	0	0%
Local	867,500	35%
Other	280,000	11%
Total Project Costs for Fiscal Year 2025-2026	2,447,500	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2434

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	Project head: Program Director: 50% of FTE	45,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	3 full time employees 2 Workforce case managers= 2 FTE * \$60,000 * 1.27 (Benefits) = \$152,400 1 Workforce placement specialist= 2 FTE *\$68,000 *1.27 (Benefits) = \$86,360	238,760
Expense/Equipment/Travel/Supplies/Other	Supplies for 100 youth *\$900 per youth= \$90,000 Equipment: for tech, manufacturing and certifications =\$100,000 Rent for facility: \$80,000 Stipend for youth for employment placement: (50 youth *\$17hr*20hr/wk*20wks) =\$340,000	610,000
Consultants/Contracted Services/Study	Contracted Services: Workforce training entity- Industry certified trainers	56,240
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		950,000

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?

Youth will participate in tutoring, post-secondary education case management, mentorship, externships, workforce skills development, mental health counseling, housing navigation, emergency financial assistance, job placement, and transitional independent living services to empower at-risk youth to achieve self-sufficiency and success.

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

The funding will provide direct services of the activities listed in 13b. Handy also utilizes a family-centric approach to address a youth's individual needs and barriers. Handy youth are provided with monthly bus passes, housing assistance and younger youth are picked up and transported to tutoring, life skills classes, and daily enrichment activities.

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

Handy's target population is at-risk youth in Broward County ages 17-24. Handy expects to serve an additional 100 individuals with the funds.

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

Handy expects to increase the percentage of youth completing postsecondary education training programs by 15% annually. Additionally, Handy expects at least 75% of new participating youth to obtain workforce skills that lead to employment within six months of program completion. Handy will use participant monitoring and enrollment records to verify.

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?

Increased monitoring and use of a corrective action plan.

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#:



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2434

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.**

19. Lobbyist Contact Information



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2434

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.