



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2815

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The project goal is to aid school aged children who predominantly live in low-income homes/zip codes, to become literate in reading, English, enhance science education in the areas of general science, technology, engineering and mathematics, and provide effective college preparatory courses, in a nurturing and safe, yearlong after-school and summer enrichment program.

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</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)	250,000	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>250,000</b>	<b>100%</b>

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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**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	Program administration, including, but not limited to, subcontractor, supervision and payment, program efficacy and compliance, intergovernmental relations (due to multiple municipalities involved in housing programs).	30,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Program liability insurance, students' snacks/meals inspection fees (i.e. DCF, Fire, Etc.), Curriculum (i.e. iReady Ready, SRA, Science thesaurus, College Prep materials, etc.) Computer tablets where necessary, S.T.E.M. materials (telescope, robotics parts, model rockets, math manipulatives, etc.) field trip expenses etc.	70,000
Expense/Equipment/Travel/Supplies/Other	Contracted services include properly vetted, insurance and proven educational services company that hires all site/program personnel including tutors, coordinator, counselor, etc., to ensure appropriate programing and supervision of children.	150,000
Consultants/Contracted Services/Study		0
<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>250,000</b>

**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?**

Literacy activities to enhance reading, English, enhance science education in the areas of general science, technology, engineering and mathematics, and effective college preparatory courses. Program attendees will be school aged children (ages 6 through 18) that will be given hands-on experiential.

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

Educational services, including tutoring in reading, mathematics, science, and college prep, in a nurturing and safe, yearlong afterschool and summer enrichment program.

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

Program attendees will be school aged children (ages 6 through 18) that will be given hands-on experiential.

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

Students will enhance literate skills, reading skills, as well as skills in science and math, by becoming increasingly proficient in grade level skills assessments, as well as improved grades on report cards, and progress reports.

**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?**

Open to any proposed penalties for failure to provide deliverables.

**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:**



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**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.*