



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3172

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

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	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	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	300,000	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



The Florida Senate

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Fiscal Year 2025-2026

LFIR # 3172

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	Used to pay for increase in employees that will be working in both programs, the after school childcare and the meals for vulnerable seniors. This will all be done through our church.	100,000
Expense/Equipment/Travel/Supplies/Other	Used for food/meals items that will be delivering to our vulnerable seniors. A portion will go towards the supplies and programming that will be needed and used for our after school childcare programs.	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)		300,000

13. Program Performance

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

The expansion of the current Youth Programs & meals for the elders that are part of the Peace Missionary Baptist Church, Inc. These Youth Programs will help create communities in which the youth is kept in a safe environment where parents are able to complete their work days without worry for the welfare/safety of their children. The meals for the elders portion of the program will increase our ability to feed our most vulnerable elders.

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



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3172

There will be an increase of services to our community through increased access to Youth Programs at no cost to them. Along with the increase in services for the elderly who will have food security through our meals for elders delivery program.

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

Youth Programs within the community and access to food security for vulnerable seniors.

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

Elderly people, peopler with poor menlth health, people with poor physical health, at-risk youth, homeless, physically disabled, preschool students, grade school students , currenltly or formerly incarcerated persons, and victims of crime.

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

Increase access to Youth Programs within the community and increased access to food security for vulnerable seniors through the increased deliver of meals to more of those seniors who are in need in our community.

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?

The penalties provided in the contract are adequate at this time.

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 infastructure)

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)?

- Yes, Applied



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3172

- 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.