



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3369

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

We are committed to offering an affordable Summer Camp to Central Florida families, where the children can explore and discover their human potential. The program aims to bring awareness to children in our communities and familiarize them with civic responsibility and participation. The program staff works hard to inspire resilience, curiosity, and a sense of "yes we can" in the participants and their families.

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 | 75,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 75,000 |

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) | 75,000 | 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 | 75,000 | 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



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Fiscal Year 2025-2026

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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 |
|--|---|---------------|
| 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 | | 0 |
| Expense/Equipment/Travel/Supplies/Other | Materials, field trips, outdoor activities, program curriculum, and location. | 15,000 |
| Consultants/Contracted Services/Study | Rent, meals, teachers, presenters and speakers | 60,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 75,000 |

13. Program Performance

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

Provide a summer camp for the community at no cost. We are committed to offering an affordable Summer Camp to Central Florida families, where the children can explore and discover their human potential. The program aims to bring awareness to children in our communities and familiarize them with civic responsibility and participation. The program staff works hard to inspire resilience, curiosity, and a sense of ownership and agency in the participants and their families.

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

Summer will be completely free serving the community. The program will include leadership development, outdoor activities, and educational opportunities within the American culture.



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Fiscal Year 2025-2026

LFIR # 3369

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

Summer camp for Osceola and Orange County residents

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

Hispanic Community. We plan to serve from 50 to 120 families.

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

Our program instills a sense of personal responsibility in the youth, encouraging them to be stewards of our environment and to become positive contributors to their communities. With the Latino population in Orange County having grown steadily in recent years, our mission is to provide a place where all youth can immerse themselves in Latino arts and culture. This allows them to connect across racial and economic divides, fostering unity in the protection of our communities and environment.

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?

Funding will be refunded.

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:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3369

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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LFIR # 3369

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.