



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3596

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	250,000
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	95%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	12,500	5%
Total Project Costs for Fiscal Year 2024-2025	262,500	100%

8. Has this project previously received state funding? No

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.



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Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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)?

No

c. What is the estimated start date of construction?

1/2026

d. What is the estimated completion date of construction?

6/2028

12. 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.

Mount Zion Human Services, Inc. operates as a nonprofit organization governed by a Board of Directors and overseen by a Chief Executive Officer (CEO). The facility intended to receive fixed capital outlay funding for the proposed educational construction project owned by Mount Zion Human Services, Inc. The funding for the project would be received and managed by the CEO of Mount Zion Human Services, Inc.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Architectural, Engineering, and Civil Fees	250,000
Total State Funds Requested (must equal total from question #6)		250,000

14. Program Performance

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

Mount Zion Human Services, Inc. (MZHS) has empowered Floridians since 1983 through diverse programs. We seek funds to build an innovative educational facility, merging a daycare and K-8 school with a focus on performing arts, cultural studies, and wrap-around services. Our goal: create a nurturing environment fostering academic excellence and cultural awareness, aligning with our mission to equip Greater Tampa Bay area individuals and families for healthy, stable lives.

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



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The requested funds will primarily cover architectural, engineering, and civil fees essential for the construction of the educational facility. Additionally, they will support the implementation of specialized educational programs focusing on performing arts, cultural studies, and comprehensive family services.

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

Citizens will benefit directly from the appropriation project through:
 Access to quality education with an emphasis on performing arts and cultural studies.
 Availability of on-site wrap-around services addressing familial, health, and counseling needs.
 Employment opportunities generated during the construction phase and ongoing staffing needs.

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

The project aims to benefit a diverse population, including children, families, and residents of the 33712 zip code and surrounding areas. It is anticipated to serve around 500 students annually (daycare and K-8) and provide wrap-around services to about 700 family members. While centered in the 33712 area, efforts will extend to neighboring zip codes, impacting an estimated total of approximately 1,200 individuals annually, reflecting a commitment to inclusivity and broader community accessibility.

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

The expected benefits include:
 Improved academic performance through engaging cultural and arts-integrated education.
 Enhanced cultural awareness and appreciation among students and their families.
 Strengthened community ties by providing comprehensive support services.

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 the contract?

Possible suggested penalties, if performance measures are not met, may include:
 Financial penalties proportionate to the extent of non-compliance.
 Implementation of corrective action plans within specified timelines.
 A review of the contract terms and conditions to reinforce accountability.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number