

LFIR # 2348

1. Project Title	Everglades Restoration Workforce Training Program				
2. Senate Sponsor	Gayle Harrell				
3. Date of Request	02/21/2023				
4. Project/Program De	scription				
individuals seeking e directly to programs	training for individuals will be provemployment opportunities outside at educational facilities to help ind ned to grow to continue to meet the	of the agriculture industry ividuals surrounding the re	Training and tuition egion of Lake Okee	n will be provided echobee. The future of	
5. State Agency to rec State Agency contact 6. Amount of the Nonro		artment of Economic Oppor	ortunity		
Type of Funding		Amo	unt		
Operations			1,700,000		
Fixed Capital Outlay			0		
<b>Total State Funds R</b>	Requested		1,700,000		
7. Total Project Cost fo	or Fiscal Year 2023-2024 (includ	ing matching funds ava	ilable for this proj	ect)	
	equested (from question #6)	1,700,000	100%		
Matching Funds	oqueeted (nom queetien no)	1,7 00,000	10070		
Federal		0	0%		
State (excluding the	amount of this request)	0	0%		
Local		0	0%		
Other		0	0%		
<b>Total Project Costs</b>	for Fiscal Year 2023-2024	1,700,000	100%		
8. Has this project pre	viously received state funding?			1	
Fiscal Year (yyyy-yy)	Amount  Recurring Nonrecurring	Specific Appropriation #	Vetoed		
2022-23	0 1,700	,000 2245A	No		
9. Is future funding lik	ely to be requested?	Yes		_	
a. If yes, indicate no	onrecurring amount per year.	1,700,000			
b. Describe the sou	rce of funding that can be used	in lieu of state funding.			
Reliance of funding	from local organizations.			]	
	uesting this project received an	y federal assistance rela	ted to the COVID-	19 pandemic?	



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

## **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

1. Status of Construction	
a. What is the current phase of the project?	
Planning Design Construction	
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?	
2. List the owners of the facility to receive, directly or indirectly relationship between the owners of the facility and the en	

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	Equipment (simulators), medical supplies, textbooks, computers, marketing of program, and tuition.	1,700,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6) 1,70		

### 14. Program Performance

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

Funding received will allow for continued technical and skills training, outside of agriculture, for individuals in the agriculture community.

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



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Technical and skills training for individuals, outside of agriculture training, either currently employed in agriculture and/or individuals seeking employment opportunities outside of the agriculture industry.

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

There will be training and tuition provided directly to programs at educational facilities to help individuals surrounding the region of Lake Okeechobee. The future of this program is designed to grow to continue to meet the training and workforce needs outside of agriculture in the Glades region.

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

Target population to be served are jobless persons, economically disadvantaged persons, homeless persons, university/college students, and current and formerly incarcerated persons.

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

The success of this program will be measured by the number of tuition grants requested, number of people attending training classes/college, increase in citizen employment, and decrease in those who use assistance programs.

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?

Standard contract penalties are sufficient. 15. Requester Contact Information Last Name | Jackson-Moore a. First Name Tammy The LORE Group/Guardians of the Glades b. Organization c. E-mail Address | guardiansoftheglades@gmail.com d. Phone Number (561)914-0311 Ext. 16. Recipient Contact Information a. Organization The LORE Group/Guardians of the Glades b. Municipality and County | Palm Beach c. Organization Type □For Profit Entity ☑ Non Profit 501(c)(3) □Non Profit 501(c)(4) □Local Entity □University or College □Other (please specify) Last Name | Jackson-Moore d. First Name e. E-mail Address | quardiansoftheglades@gmail.com **f. Phone Number** (561)914-0311



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## 17. Lobbyist Contact Information

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