



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2714

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Congresswoman Carrie P. Meek relentlessly advocated for equity and opportunity for people in marginalized and under-served communities. In the spirit of her legacy, the Carrie P. Meek South Dade Workforce Innovation Center will provide workforce skills and job readiness training, digital and financial literacy programming, career counseling, and apprenticeship/paid internship and job placement opportunities to low income, underemployed and/or unemployed residents of South Dade.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	480,000
Fixed Capital Outlay	220,000
<b>Total State Funds Requested</b>	<b>700,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	700,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	700,000	50%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,400,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related 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

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

September 1, 2023

d. What is the estimated completion date of construction?

December 31, 2023

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.

Miami-Dade County Public Schools is the owner of the facility and our community partner.

### 13. 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	Reporting to the Foundation's CEO, the Project Director will oversee all aspects of the project's launch, including (but not limited to) program development, staff recruitment and development, community relations and marketing, partnership development and fiscal compliance.	50,000
Other Salary and Benefits	Grant writing and reporting Shared services Outreach and marketing	70,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Workforce Developer Program Stipends Paid Internships	90,000
Expense/Equipment/Travel/Supplies/Other	Occupancy Equipment and Supplies Technology Travel and Transportation	160,000
Consultants/Contracted Services/Study	Program Training Education Partner Data collection and evaluation	110,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Facility buildout	220,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>700,000</b>



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#### 14. 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?

Through a combination of classroom instruction, hands-on training, and real-world experience, our program will prepare participants for careers in a variety of growing industries and increase access to training and employment opportunities to meet the workforce demands of now and the future.

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

- Increase development opportunities for adults and youth through job preparedness training, resume prep and review, job placement and retention services and career mentoring.
- Educate students on college and career readiness opportunities, including the trades.
- Target workforce development initiatives.
- Offer training opportunities to organizations on resiliency & capacity.

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

Jobless persons  
Economically disadvantaged persons  
At-risk youth  
  
We anticipate serving 750+ individuals

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

- Outcomes:
- 100% of all workforce development program participants will increase their employability.
  - Workforce development participants will enter the workforce and improve their financial stability boosting their overall economic activity.
  - Workforce development participants will be placed in jobs.

To achieve these outcomes, participants will develop the skills needed for in-demand jobs in the market and be placed immediately into these jobs such as warehouse and logistics. Additionally community partners will work with our program to ensure the workforce participants receive training that will benefit their job placement and will give interviews to participants who have successfully completed the program.

##### 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?

Failure to meet deliverables would result in financial consequences including withholding of funding or reduction in specific payments

#### 15. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 16. Recipient Contact Information



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**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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**