

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1577

1. Project Title	Hands of Mercy Everywhere- Foster Teen Moms & At-Risk Youth Prep Vocational Training
2. Senate Sponsor	Keith Perry
3. Date of Request	11/16/2023

4. Project/Program Description

Research shows that foster youth are less likely to finish high school or become employed & have difficulty maintaining employment. Funding will prepare foster teen moms & at-risk teens for the workforce through civics, educational, vocational, medication management, mental health, and life skills training. Many girls that arrive at Hands of Mercy are in 10th or 11th grade but have a 3rd or 4th grade education level. This is frustrating for them and discourages them to attend high school. This prep vocational program will give them the education and life skills they need so that they can experience a framework for economic freedom and become an adult. We appreciate First Lady DeSantis supporting this project through Hope Florida's \$15,000 donation in September 2023. The City of Belleview donated the building for this project and Marion County has provided the funding to renovate the building. Construction will be completed by March 2024.

5. State Agency to receive requested funds		Department of Education
State Agency contacted?	Yes	

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

Type of Funding	Amount
Operations	594,900
Fixed Capital Outlay	0
Total State Funds Requested	594,900

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)	594,900	46%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	583,000	45%
Other	121,500	9%
Total Project Costs for Fiscal Year 2024-2025	1,299,400	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2019-20	0	100 000	113	Yes	

9.	Is	future	funding	likely to	be	requested?

No

Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

This is funding to start-up the workforce program. In 2024, Hands of Mercy Everywhere will be merging with Lutheran Services of Florida. They will include the funding for this project in their general funding requests in 2025.



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

LFIR # 1577

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If yes, indicate	the amount of fu	nds received and wh	nat the fur	nds were used for.		
Cares Act Susta	aining Critical Ser	vice, 6/1/20, \$56,809.6	68. To ass	ist with operations/p	ayroll.	
Complete que	estions 11 a	nd 12 for Fixed	l Capita	al Outlay Proj	ects	
11. Status of Cons	truction					
a. What is the c	urrent phase of t	he project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready"	(i.e permitted)?		No		
c. What is the es	stimated start da	te of construction?				
d. What is the e	stimated comple	tion date of constru	ction?			

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.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Education, Vocation, and Life Skills Director (Salary: \$65,000, Benefits: \$5,100)	70,100
Other Salary and Benefits	Educational Program and Volunteer Coordinator: \$59,100 (includes benefits/up to 10 volunteers) Part-Time Assistant: \$25,000	84,100
Expense/Equipment/Travel/Supplies/ Other	Tables, chairs, desks, copiers, books, laptops, and educational materials/curriculum for the students (\$20,000) Travel Expenses include gas to drive the teen moms to interviews and to their jobs. This will help them save money to purchase their own vehicle. (\$10,000)	30,000
Consultants/Contracted Services/Study	N/A	0
Operational Costs: Other		
Salary and Benefits	4 Teachers (\$45,000 with Benefits): \$200,400/Childcare Professional: \$50,100 includes benefits/ Transportation Professional: \$50,100/ Full-Time Counselor: \$70,100 (includes benefits)/ Part-Time Counselor: \$40,000 (will work nights and weekends). Counselors will assist with medication management, consistency of programs, and evaluations.	410,700
Expense/Equipment/Travel/Supplies/ Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0



□Local Entity

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LFIR # 1577

Total State Funds I	Requested (must equal to	tal from que	estion #6)			594,900
14. Program Performa						,
•	ourpose or goal will be ac	hieved by th	e funds reques	ted?		
at-risk of sex traffic	llow us to provide education cking including life skills, jobut of foster care support gro	training, me	ental health supp	ort, medication n	nanagement, i	youth who are DJJ support, and
	and services will be prov	•				
attend regular high	arrive at Hands of Mercy Evonschool because they are sall education for the teens.	erywhere are so far behind	e in 10th grade w academically. Ti	rith a 4th grade e his funding will al	ducation. Mar low us to prov	ny are not able to vide a real life
c. What direct ser	vices will be provided to	citizens by t	he appropriatio	n project?		
Prep Vocational a	and life-skills education.					
d. Who is the targ	et population served by t	his project?	How many indi	ividuals are exp	ected to be s	erved?
Girls in foster care	e that are teen moms or are	pregnant, te	ens who have b	een/are at risk of	sex trafficking	g.
e. What is the exp	ected benefit or outcome	of this proj	ect? What is the	e methodology	by which this	outcome will
be measured?						
situations will be a	come of this project is that ble to get a job, become ar many teens complete the p	adult and be	e able to take car	re of their babies	an education The method	n because of life ology will be
	ggested penalties that the	_			tion to its sta	ındard penalties
for failing to meet	deliverables or performa	nce measur	es provided for	the contract?		·
Reversion of fund	s to the state.					
15. Requester Contac	t Information					
a. First Name	Diane	Last Name	Schofield			
b. Organization	Hands of Mercy Everywhe	-				
c. E-mail Address	diane@handsofmercyeve	rywhere.org				
d. Phone Number	(352)454-0803	Ext.				
16. Recipient Contact	Information					
a. Organization	Hands of Mercy Everywhe	ere, Inc.				
b. Municipality and	d County Marion					
c. Organization Ty	pe					
□For Profit Entity						
☑Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
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The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1577

□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Diane	Last Name	Schofield	
e. E-mail Address	diane@handsofmercyeve	rywhere.org		
f. Phone Number	(352)454-0803			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name				
c. E-mail Address				
d. Phone Number				