

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

LFIR # 2324

| 1. Project Title  | Ignite Your Path, Inc. (Inspiring Growth, Nurturing Individuals, and Transforming Expectations) |  |  |  |
|-------------------|---|--|--|--|
| 2. Senate Sponsor | Ana Maria Rodriguez   |  |  |  |

3. Date of Request 12/18/2023

### 4. Project/Program Description

The Ignite Your Path, Inc. program aims to break through traditional barriers for individuals in underserved communities that are unemployed and underemployed in Duval, Clay and Nassau county. The program's comprehensive program design centers around providing holistic service delivery to youth and young adults, 17 to 29 years old. The program is committed to assisting individuals in eliminating barriers to employment by offering support services that address their unique challenges. Through our specialized entry-level healthcare career technical training, participants will attain skills to pursue rewarding careers in the healthcare industry. The ultimate goal of the Ignite Your Path, Inc. (Inspiring Growth, Nurturing Individuals, and Transforming Expectations) program is to enable program participants to attain career training, industry-certifications and essential employability skills to not only secure employment but also retain their jobs, fostering long-term stability and growth.

### 5. State Agency to receive requested funds

Department of Commerce

State Agency contacted? No

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

| Type of Funding             | Amount  |
|-----------------------------|---------|
| Operations                  | 500,000 |
| Fixed Capital Outlay        | 0       |
| Total State Funds Requested | 500,000 |

### 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) | 500,000 | 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 2024-2025  | 500,000 | 100%       |

### 8. Has this project previously received state funding? No

| Fiscal Year | Amount    |              | Specific        | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # |        |
|             |           |              |                 |        |

### 9. Is future funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

er year. 500,000

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



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Ignite Your Path Inc. is proactively diversifying its funding streams to reduce reliance on state appropriations. By engaging with private individuals, foundations, and corporations, we aim to create a robust and sustainable financial foundation that will enable us to fulfill our mission and make a lasting impact on the communities we serve.

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

No

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?

O Planning O Design O Construction O 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?
- 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  |         |
|---|--|---------|
| Administrative Costs:   |  |         |
| xecutive Director/Project Head<br>alary and Benefits Salary payroll taxes and benefits for Executive Director to oversee all<br>components of the program (financial management, budget oversight,<br>operational efficiency, community partnerships and reporting<br>functions). |  | 85,000  |
| Other Salary and Benefits   | Program Manager will coordinate, monitor and support service delivery of program, staff and participants.  | 75,000  |
| Expense/Equipment/Travel/Supplies/<br>Other   |  | 0       |
| Consultants/Contracted<br>Services/Study  |  | 0       |
| Operational Costs: Other  |  |         |
| Salary and Benefits   | Salaries, payroll taxes and benefits for staff (Program Specialist,<br>Instructor, Internship/Placement Specialist) that support program<br>participant recruitment, in-cohort and post cohort support to aid with<br>internship/employment placement, the retention of<br>internship/employment and post cohort<br>support. | 100,000 |



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| Expense/Equipment/Travel/Supplies/<br>Other<br>Consultants/Contracted  | <ul> <li>Program participant costs include background checks, drug screenings, course curricula, certification testing fees, tech support (laptops), stipends, support services (interview attire, uniforms and transportation), incentives to support in/post-cohort, and internship/employment retention. Other costs include infrastructure for virtual training and building rent for on-site training activities.</li> <li>Cost of outsourcing program marketing, IT and payroll services.</li> </ul> |   |
|--|--|---|
| Services/Study Fixed Capital Construction/Major Renovation:            |  |   |
| Construction/Renovation/Land/<br>Planning Engineering                  |  | 0 |
| Total State Funds Requested (must equal total from question #6) 500,00 |  |   |

### 14. Program Performance

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

To deliver an accelerated employability training program designed to stimulate growth and support economically disadvantaged young adults (aged 17 to 29). This program aims to equip them with the essential industry knowledge, skills, and certifications required to pursue fulfilling careers as healthcare professionals. As a result, job and economic development will be stimulated, while fostering self-sufficient members of society.

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

Program participants will engage in the following activities: 1.) 10 weeks of in-cohort employability/soft skills training and healthcare industry-based training that will include healthcare certification attainment. 2.) 8 weeks of internship with an Ignite Your Path, Inc. employer partner 3.) Individualized job search and placement assistance 4.) In-Cohort/Post-Program Support Services - Holistic case management and support to assist with the elimination of barrier to secure and sustain employment.

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

Ignite Your Path, Inc. will provide entry-level healthcare and employability skills training with certification preparation. Ignite Your Path, Inc. will connect participants with employer partners for internship and employment. Job placement services, resume building, interview preparation, and networking opportunities are embedded in the program for participants to optimize their success in securing and sustaining employment. Each program participant will receive individualized career coaching community-based support referrals if needed, and provision of additional resources to ensure sustained success up to a year after program completion.

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

Ignite Your Path Inc's goal is to serve at minimum of 51 youth and young adults between the ages of 17 to 29 years old.

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

Program outcomes will be assessed by comparing pre-enrollment data, with a focus on demonstrating positive trends in the following areas within 45 days of program completion and throughout subsequent months: 1. Job Placement or Progression into Continuous Education, 2. Average Hourly Wage and Full-Time Employment, 3. Sustainability of Employment (Retention). Ignite Your Path, Inc. will track participant's in and post-cohort data to the program's effectiveness in enhancing participants' employability and measure long-term success in the workforce in comparison to pre-enrollment data. Ignite Your Path Inc will also track attendance, certification attainment, program/internship completion and retention support for up to a year

after completion through staff follow up, employer verifications and alumni attestations.

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?



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Ignite Your Path, Inc. recognizes the importance of accountability and is committed to meeting the deliverables and performance measures outlined in this request. While we are dedicated to ensuring successful program implementation, we acknowledge that unforeseen challenges may arise. In the spirit of transparency and collaboration, we propose the following suggestions for penalties that maybe considered, in addition to its standard penalties: implementation of a Performance Improvement Plan (PIP). 2.) Implementation of an enhanced reporting and accountability mechanisms to provide frequent updates on progress and challenges. 3.) Implement a graduated funding penalty system based on the severity of non-performance that can result in the suspension of funding.

### **15. Requester Contact Information**

d. Phone Number

|    | a. First Name                     | Tamara   | Last Name | Foreman |  |
|----|-----------------------------------|--|-----------|---------|--|
|    | b. Organization                   | Ignite Your Path, Inc.   |           |         |  |
|    | c. E-mail Address                 | tforeman@igniteyourpathinc.org                                     |           |         |  |
|    | d. Phone Number                   | (904)990-3438  | Ext.      |         |  |
| 16 | 16. Recipient Contact Information |  |           |         |  |
|    | a. Organization                   | Ignite Your Path, Inc.   |           |         |  |
|    | b. Municipality and               | d County Duval   |           |         |  |
|    | c. Organization Ty                | ре   |           |         |  |
|    | □For Profit Entity                |  |           |         |  |
|    | ⊠Non Profit 501(c                 |  |           |         |  |
|    | □Non Profit 501(c                 |  |           |         |  |
|    | □Local Entity                     |  |           |         |  |
|    | □University or Co                 | -  |           |         |  |
|    | □Other (please sp                 |  |           |         |  |
|    | d. First Name                     | Tamara   | Last Name | Foreman |  |
|    | e. E-mail Address                 | ail Address tforeman@igniteyourpathinc.org ne Number (904)990-3438 |           |         |  |
|    | f. Phone Number                   |  |           |         |  |
| 17 | 17. Lobbyist Contact Information  |  |           |         |  |
|    | a. Name                           | None   |           |         |  |
|    | b. Firm Name                      |  |           |         |  |
|    | c. E-mail Address                 |  |           |         |  |