

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

LFIR # 2885

| 1. Project Title  | Shalom Orlando - Yarmuth F  | -<br>amily k         | Citchen  |   |                  |
|---|---|----------------------|--|---|------------------|
| 2. Senate Sponsor   | Linda Stewart   |                      |  |   |                  |
| 3. Date of Request  | 01/09/2024  |                      |  |   |                  |
| 4. Project/Program D  | escription  |                      |  |   |                  |
| exposure & workfor<br>industries to have c<br>technical hard skills | ing bakery employing & training<br>ce development training in Jewi<br>areers & become taxpayers. We<br>with soft skills of<br>ess. Sunflower bakery in Rockvi | sh Cultu<br>e provid | ıral Pastry Arts, Tradi<br>e inclusive, profession | tional Meals, Hospit<br>nal training opportur | ality, & related |
| 5. State Agency to re   | ceive requested funds   | gency f              | or Persons with Disab                              | pilities                                      |                  |
| State Agency cont   | acted? No   |                      |  |   |                  |
|   | recurring Request for Fiscal \  | Year 20              | 24-2025  |   |                  |
| Type of Funding Amount  |   |                      |  |   |                  |
| Operations  |   |                      |  | 5,000   |                  |
| Fixed Capital Outlag  | У   |                      | 145,000  |   |                  |
| <b>Total State Funds</b>  | Requested   |                      | 150,000  |   |                  |
| Type of Funding   | for Fiscal Year 2024-2025 (inc  | luaing i             | Amount   | Percentage                                    | ct)              |
| Total State Funds F   | Requested (from question #6)  |                      | 150,000  | 28%   |                  |
| Matching Funds  |   |                      |  |   |                  |
| Federal   |   |                      | 0  | 0%  |                  |
| State (excluding the  | e amount of this request)   |                      | 0  | 0%  |                  |
| Local   |   |                      | 0  | 0%  |                  |
| Other   |   |                      | 393,780  | 72%   |                  |
| <b>Total Project Cost</b>   | s for Fiscal Year 2024-2025   |                      | 543,780  | 100%  |                  |
| 8. Has this project pr  | eviously received state fundir  | ng?                  | No   |   |                  |
| Fiscal Year   | Amount  |                      | Specific   | Vetoed  |                  |
| (уууу-уу)   | Recurring Nonrecu   | rring                | Appropriation #                                    |   |                  |
|   |   |                      |  |   |                  |
| 9. Is future funding li   | kely to be requested?   |                      | No   |   |                  |
| a. If yes, indicate r   | nonrecurring amount per year  |                      |  |   |                  |
| b. Describe the so  | urce of funding that can be us  | sed in li            | eu of state funding.                               |   |                  |
|   |   |                      |  |   |                  |
|   | uesting this project received   | any fed              | leral assistance rela                              | ted to the COVID-1                            | 9 pandemic?      |
| Yes   |   |                      |  |   |                  |



11. Status of Construction

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

The agency received PPP funding for the amount of \$1,349,270 (Supplement Employee Payroll)

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

| a. What is the current phase of the project?           |               |                                |       |  |  |
|--|---------------|--------------------------------|-------|--|--|
| Planning   | O Design      | <ul><li>Construction</li></ul> | O N/A |  |  |
| b. Is the project "shovel ready" (i.e permitted)?  Yes |               |                                |       |  |  |
| c. What is the es                                      | July 13, 2023 |                                |       |  |  |
| d. What is the es                                      | April 1, 2024 |                                |       |  |  |

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.

| Owner of Facility: Shalom Orlando, Inc.                                      |
|--|
| Entity: Shalom Orlando, Inc.   |
| Project occurring in a Department of Shalom Orlando, Inc. 'Shayna's Village' |

#### 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<br>Services/Study              |   | 0       |
| Operational Costs: Other                              |   |         |
| Salary and Benefits                                   |   | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           |   | 0       |
| Consultants/Contracted<br>Services/Study              | Sunflower bakery has an existing curriculum we would license to use current best practices of a successful enterprise that we are replicating.  | 5,000   |
| Fixed Capital Construction/Majo                       | r Renovation:   |         |
| Construction/Renovation/Land/<br>Planning Engineering | Utilizing existing space a renovation will be required to create an approximately 1200 sq ft training bakery. Permits, design, equipment, construction & misc. supplies are all required. | 145,000 |
| Total State Funds Requested (m                        | ust equal total from question #6)   | 150,000 |

#### 14. Program Performance

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



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Creation of a teaching bakery employing & training adults and teens (some with disabilities) through pre-employment exposure & workforce development training in Jewish Cultural Pastry Arts, Traditional Meals, Hospitality, & related industries to have careers & become taxpayers. We provide inclusive, professional training opportunities that combine technical hard skills with soft skills of employment readiness. Sunflower bakery in Rockville MD is a model we will reflect.

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

Creation of Bakery that provides pre-employment in-service training for adults and teens (some with disabilities). Training will include skills in Pastry Arts (varying pastry creation and baking), Hospitality (communicative interaction from greetings, to fielding questions and requests). Goal; to expose them to Jewish Cultural Cuisine, assist with trade skills and connection as working taxpayer.

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

Structured pastry art training to adults and teens with inclusion of disadvantaged learning groups within our communities that are rarely seen as viable workforce members. This program will engage those who previously did not have opportunity to develop skills and offer services to the Central Florida Hospitality-centric industry. Productive members of society who are wage earners and taxpayers.

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

Persons with poor mental and/or physical health; economically disadvantaged persons; developmentally disabled; physically disabled; high school students; university/college students; >800 served

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- (1) Improve mental health, (2) improve quality of education, (3) increase/improve economic activity, and (4) enhance specific individual's economic self sufficiency. (1) Successful numbers of engagement, achieved skill certifications, community employment and family/caregiver positive reports of functional advancement and growing independence. Graduates of the program have jobs and are earning wages and paying taxes. (2) Provision of a specialized category of vocational training/instruction for adults and teens with inclusion of those with disabilities that offer the Central FL Hospitality Industry viable contributing workers.
- 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?

| -                    |            |               |               |            |  |
|----------------------|------------|---------------|---------------|------------|--|
| 5. Requester Contac  | t Informat | ion           |               |            |  |
| a. First Name        | Melissa    |               | Last Name     | Youngblood |  |
| b. Organization      | Shalom (   | Orlando, Inc. |               |            |  |
| c. E-mail Address    | Melissa.y  | oungblood@sha | alomorlando.d | org        |  |
| d. Phone Number      | (407)645   | -5933         | Ext.          |            |  |
| 6. Recipient Contact | Informati  | on            |               |            |  |
| a. Organization      | Shalom (   | Orlando, Inc. |               |            |  |
| b. Municipality and  | d County   | Orange        |               |            |  |
| c. Organization Ty   | pe         |               |               |            |  |
| □For Profit Entity   |            |               |               |            |  |
| ☑Non Profit 501(d    | c)(3)      |               |               |            |  |



17.

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| □Non Profit 501(c            | c)(4)                                |           |            |  |  |
|------------------------------|--------------------------------------|-----------|------------|--|--|
| □Local Entity                |                                      |           |            |  |  |
| □University or College       |                                      |           |            |  |  |
| □Other (please specify)      |                                      |           |            |  |  |
| d. First Name                | Melissa                              | Last Name | Youngblood |  |  |
| e. E-mail Address            | melissa.youngblood@shalomorlando.org |           |            |  |  |
| f. Phone Number              | (407)645-5933                        |           |            |  |  |
| Lobbyist Contact Information |                                      |           |            |  |  |
| a. Name                      | Christopher L. Carmody               |           |            |  |  |
| b. Firm Name                 | GrayRobinson PA                      |           |            |  |  |
| c. E-mail Address            | chris.carmody@gray-robinson.com      |           |            |  |  |
| d Phone Number               | (407)843-8880                        |           |            |  |  |