



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3125

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The DeSoto County High School will be beginning a cosmetology program. The funds being requested will transform a classroom in DeSoto County High School into a Cosmetology Learning Salon/Lab. The activities and services that will be provided are theory from the textbook, workbook, and test prep book as well as hands on practical work to meet the Florida Cosmetology Board specifications. Students will be trained in esthetician (facials), nails, and standard cosmetology (hair care, cuts, and colors) The DHS Learning Salon/Lab will open its doors as a salon to service the citizens of Arcadia. Students will be supervised by their teacher who holds a Florida Cosmetology License, has been in the Beauty Industry as an educator for 35 years, and is currently Professor of Cosmetology at South Florida State College -Evening Cosmetology.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	76,960
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>76,960</b>

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)	76,960	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>76,960</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    
  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	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Curriculum- student and teacher books for program (cosmetology, estheticians(facials), and nails- Student books-\$32,075.00 Phorest- software for tracking student clock hours for state board-\$1678 for set up and yearly cost	33,753
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Cosmetology Kit- for 25 students- \$647 each= \$16,175 Stations, Mirrors, and chairs for classroom use- \$12,240 Pedicure Chair (2) and Facial beds (4)- \$5,630 Products for cosmetology- \$5,208 Product for estheticians- \$1,556 Product for nails/ pedicures- \$2,398	43,207
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>76,960</b>

### 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?**

The activities and services that will be provided are theory from the textbook, workbook, and test prep book as well as hands on practical work to meet the Florida Cosmetology Board specifications. Students will be trained in esthetician (facials), nails, and standard cosmetology (hair care, cuts, and colors)

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

The DHS Learning Salon/Lab will open its doors as a salon to service the citizens of Arcadia. Students will be supervised by their teacher who holds a Florida Cosmetology License, has been in the Beauty Industry as an educator for 35 years, and is currently Professor of Cosmetology at South Florida State College -Evening Cosmetology.

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

The target population is high school students. The first year, we hope to impact 51-100 students.

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

Improve quality of education- The DHS Cosmetology Learning Salon/Lab will improve the quality of learning at DeSoto County High School by transforming the students into Future Professionals. The attitudes and standards taught in Theory will become part of the student's work ethic for the rest of their high school career and throughout their personal lives. Enhance specific individual's economic self-sufficiency- Job training opportunities and resources for immediate certification after graduation will be emphasized in our proposed Cosmetology program at DeSoto County High School. With the opening of DHS Cosmetology Learning Salon/Lab, we will be able to begin vocational training and skills development for three areas in the Beauty Industry: Cosmetology, Esthetician and Nail Technician.

**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?**

If deliverables are not met, the money would be returned to the state.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. Recipient Contact Information**

a. Organization

b. Municipality and County

**c. Organization Type**

For Profit Entity



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- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify) School District

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