



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1243

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Glory Temple Ministries, Inc. seeks funding for the Community Food and Wellness Hub, an accessible resource addressing food insecurity, chronic illness, mental health disparities, and economic instability in Miami-Dade. This integrated model provides nutrition education, mental health counseling, case management, workforce readiness, including digital skills training, and financial literacy in a single accessible location. By removing barriers to care, the Hub will improve health outcomes, reduce ER visits, and equip participants with tools for long-term stability. This initiative strengthens economic mobility and community resilience, ensuring a lasting impact aligned with state priorities.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	570,000
Fixed Capital Outlay	0
Total State Funds Requested	570,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	570,000	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 2025-2026	570,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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

9. Is future-year 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.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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	Facility maintenance and utilities to ensure a safe, functional space for service delivery.	25,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Benefits and taxes; direct service positions: 1 full-time LCSW (mental health therapy), 1 full-time MSW Case Manager (social service and job readiness coordination), 1 full-time Program Director (oversight and program development), 1 full-time administrative support specialist (administrative support), 1 part-time Registered Dietitian (nutrition support). Roles ensure mental health access, food security and workforce readiness.	320,000
Expense/Equipment/Travel/Supplies/Other	Medically tailored food purchases, refrigeration & storage, small kitchen tools for nutrition demos, SNAP enrollment stations, case management software, telehealth platform, client intake materials. Essential investments to ensure long-term service access and efficiency.	185,000
Consultants/Contracted Services/Study	Community outreach and digital marketing (\$20,000), third-party services for job readiness workshops and healthcare coordination (\$20,000). Ensures engagement with vulnerable populations and partnerships for sustainability.	40,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		570,000



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13. Program Performance

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

Funds will establish the Community Food and Wellness Hub, addressing food insecurity, chronic illness, and economic instability through integrated nutrition, mental health counseling, case management, and job readiness. This model reduces emergency room (ER) visits, boosts economic mobility, and strengthens community resilience, aligning with state priorities on public health and workforce development.

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

The Community Food and Wellness Hub will provide medically tailored food, mental health counseling, case management, and workforce readiness support under one roof. Services will include nutrition consultations, therapy, SNAP enrollment, healthcare referrals, job coaching, and social services. This integrated model will improve health outcomes and foster economic stability.

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

Direct services will include medically tailored food, mental health counseling, case management, workforce readiness, nutrition consultations, live demos, therapy, SNAP enrollment, healthcare referrals, and social services; all provided in one location to reduce barriers to care. This model will improve health outcomes and foster economic stability.

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

The target population includes Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, Homeless, Physically disabled, Drug users (in health services), Drug offenders (in criminal Justice), Victims of crime; 800 individuals are expected to be served annually.

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

This appropriations request seeks funding to improve physical and mental health, workforce readiness, and economic self-sufficiency. Expected outcomes include increased participation in nutrition education, preventive mental health care, culturally relevant enrichment, digital skills training, financial literacy, and job readiness programs. The project will reduce recidivism and substance use while strengthening community stability by improving service access for justice-involved individuals, addressing food security, and promoting long-term self-sufficiency. Outcomes will be measured through participation rates, pre- and post-program surveys, self-reported data on mental health, substance use, and justice involvement, and case management tracking. Additional metrics include participant-reported changes in emergency health service usage, workforce readiness, and engagement in support programs to ensure measurable impact.

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 in the contract?

The contracting agency may implement a graduated repayment model, adjusting funds proportionally if performance measures are unmet. Before penalties, a corrective action plan would allow time for improvements. To ensure fairness, adjustments should account for external factors beyond program control while maintaining compliance with state guidelines and protecting essential services.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):



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15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name	<input type="text" value="Ronae"/>	Last Name	<input type="text" value="Cambridge"/>
b. Organization	<input type="text" value="Glory Temple Ministries, Inc"/>		
c. E-mail Address	<input type="text" value="contact@glorytempleministriesmiami.org"/>		
d. Phone Number	<input type="text" value="(305)494-6181"/>	Ext.	<input type="text"/>

18. Recipient Contact Information

a. Organization	<input type="text" value="Glory Temple Ministries, Inc"/>
b. Municipality and County	<input type="text" value="Miami-Dade"/>
c. Organization Type	
<input type="checkbox"/> For Profit Entity	
<input checked="" type="checkbox"/> Non Profit 501(c)(3)	
<input type="checkbox"/> Non Profit 501(c)(4)	



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☐ Local Entity

☐ University or College

☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.