



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3535

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will be expended on educating newly minted US Citizens on the values of the American way of life through exploration of career and mentorship opportunities, the importance of civic engagement, and value of work and self-sufficiency.

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

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)	250,000	94%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	15,000	6%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>265,000</b>	<b>100%</b>

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		
2024-25	0	75,000	355	No

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.

## Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director Salary	50,000
Other Salary and Benefits	Funding for two coordinators to help run and maintain program.	75,000
Expense/Equipment/Travel/Supplies/Other	Rental of two venues for day to day operations. Printing materials, transportation, data upkeep.	35,000
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	This will cover the entire 6,000 work hours for the entire program. Broken down to, 500 hours monthly, 125 hours weekly, at \$15 per hour.	90,000
Expense/Equipment/Travel/Supplies/Other		0
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>250,000</b>

13. Program Performance

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

The funds will be expended on educating newly minted US Citizens on the values of the American way of life through exploration of career and mentorship opportunities, the importance of civic engagement, and value of work and self-sufficiency.

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

Mentorship and career guidance assistance for newly minted US Citizens Citizenship Prep Courses Education of US History and Civics Voter Registration.

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



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Mentorship and career guidance assistance for newly minted US Citizens Citizenship Prep Courses Education of US History and Civics Voter Registration.

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

Jobless persons, Economically disadvantaged persons, Grade school students, High school students, University/college students, greater than 800.

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

We plan to work with more than 1000 newly minted legal immigrants and educate them about integrating into American society including making them aware of career opportunities and resources, assist in securing mentorship training and internship programs and help them become successful and self-sufficient citizens. We secure over 40 mentors and volunteers, and we assign 25 newly young immigrants to each mentor to execute this works in assigned small groups will make us more successful and have a better way to measure the success of these young people.

**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 agency may withhold funding if the funds appropriated are not used for their intended purpose.

**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):**

**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



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☐ 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  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 18. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

- ☐ For Profit Entity
- ☒ Non Profit 501(c)(3)
- ☐ Non Profit 501(c)(4)
- ☐ 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



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