



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3552

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Mt. Pleasant CDC supports the residents of Orange County and surrounding areas with a focus and commitment to educating disadvantaged youth on economic development, educational advancement, and training to empower the future leaders of our community. Our upcoming projects include community gardens, internship programs, STEM training, and transitional housing initiatives in addition to priorities identified by the legislative branch.

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	201,034
Fixed Capital Outlay	0
Total State Funds Requested	201,034

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)	201,034	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	201,034	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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#### 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Program Manager: rate per hour \$23 X 30 hours per week X 52 weeks \$35,880.00 Program Assistant: rate per hour \$23 X 30 hours per week X 52 weeks \$20,800 Payroll taxes (state /FICA/Medicare) \$5092.02	61,772
Other Salary and Benefits	(2) Student Internship Advisors @\$16 per hour X 31 hours X5 weeks X 30 students Student Internships @\$16 per hour x 31 hours x 5 weeks x 30 students \$84,109.20 Background checks (\$per person for 30 students and two program advisors) \$2560.00	86,669
Expense/Equipment/Travel/Supplies/Other	Workers Comp \$2258.77 Hoedel Leadership Curriculum \$3105 Text books, Workbooks, Pre and post tools, student portfolio folders \$1033.55 Office file cabinets, printing, computers technology, software, professional services \$17,673.26	25,105
Consultants/Contracted Services/Study	Monthly Workshops on STEM and Career Exploration with expert presenters (room/facility rental, materials, transportation)	6,168
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	(STEM) Science, Technology, Engineering, and Math Field Trips with meals for 30 students, two program staff, roundtrip transportation to Kennedy Space Center, Universal Orlando Disney World Magic Kingdom. College Tours with meals for 30 students, two program staff, roundtrip transportation to Bethune Cookman University, Stetson University, Florida A & M University, Florida State University	21,320
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		201,034

#### 13. Program Performance

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

The Mt. Pleasant CDC supports the residents of Orange County and surrounding areas with a focus and commitment to educating disadvantaged youth on economic development, educational advancement, and training to empower the future leaders of our community. Our upcoming projects include community gardens, internship programs, STEM training, and transitional housing initiatives in addition to priorities identified by the legislative branch.

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

Job Training skills, Financial Literacy Guidance, Enriched cultural experiences, Mental health awareness and coping skills, and College readiness.

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

Job Training, Financial Literacy Guidance, Enriched cultural experiences, Mental health awareness and coping skills, College readiness.

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

Disadvantaged youth in middle and high school in Orange and Seminole counties.

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

Improve physical health, Improve mental health, Enrich cultural experience, Improve quality of education, Reduce recidivism, Reduce substance abuse, Divert from Criminal/Juvenile Justice System.

##### 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?

Suspension of program until revised plan of action to effectively advance performance is approved by overseeing management within department of education and other state agencies as applicable.

#### 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



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☐ 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  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



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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.*