



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1341

1. Project Title Hands of Mercy Everywhere Teen Moms and At-Risk Youth Vocational Training

2. Senate Sponsor Stan McClain

3. Date of Request 11/20/2025

#### 4. Project/Program Description

Research shows that former foster youth are less likely to finish high school or become employed & have difficulty maintaining employment. Funding will prepare foster teen moms & at-risk teens for the workforce through civics, educational, vocational (hospitality, culinary, nursing assistant, daycare worker, mortuary cosmetology), medication management, mental health, and life skills training. Many of the girls participating in the program are 16 and 17 years old with only a 7th grade education. This prep vocational program will give them what they need so that they can get a job and their GED, to experience economic freedom.

5. State Agency to receive requested funds Department of Education

State Agency contacted? Yes

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	594,810
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>594,810</b>

#### 7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	594,810	91%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	56,700	9%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>651,510</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	594,810	111	No

9. Is future-year funding likely to be requested? No

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Education and Life Skills Director	34,000
Other Salary and Benefits	Counselor (25,500) and Administrative Assistant (31,200)	54,700
Expense/Equipment/Travel/Supplies/Other	FICA (29,643), Unemployment (1,278.75), Health Insurance (59,2870), Life Insurance (465), Worker's Comp (6,471), Retirement (11,625), Dental Insurance (2,092)	110,863
Consultants/Contracted Services/Study	Psychologist assessments	48,000
<b>Operational Costs</b>		
Salary and Benefits	Academic Coordinator (50,000); Life Skills Mentoring Coordinator (49,000); Vocational Coordinator (49,000); Academic Mentor/Tutor (20,000); Vocational Mentor-Culinary (40,000); Transporter (36,000); Summer and Holiday Extra Staff (6,800); Benefits-Background Screenings, Office Supplies, Printing, Cell Phones, Utilities, Administrative Costs, Mileage Reimbursement, General Liability (96,447)	347,247
Expense/Equipment/Travel/Supplies/Other	NA	0
Consultants/Contracted Services/Study	NA	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>594,810</b>

### 13. Program Performance

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



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The funding will allow us to provide educational and mentor services for foster teen moms, teens in foster care, and youth who are at-risk of sex trafficking including life skills, job training (hospitality, culinary, nursing assistant, daycare worker, mortuary cosmetology), mental health support, medication management, DJJ support, and include an aging out of foster care support group. It will include GED tutoring and civics courses.

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

Many teens that arrive at Hands of Mercy Everywhere are in 10th grade with a 4th grade education. Many are not able to attend regular high school because they are so far behind academically. This funding will allow us to provide a real life and prep vocational education for the teens.

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

Prep Vocational and life-skills education: hospitality, culinary, nursing assistant, daycare worker, mortuary cosmetology, GED prep

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

Girls in foster care that are teen moms or are pregnant, teens who have been/are at risk of sex trafficking. Around 100 individuals will be served.

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

The expected outcome of this project is that these teens who have not been able to receive an education because of life situations will be able to get a job, become an adult and be able to take care of their babies. The methodology will be measured by how many teens complete the program, obtain jobs and own a car.

**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?**

Reversion of funds to the state.

**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#:**



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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

e. E-mail Address

f. Phone Number  Ext.

19. Lobbyist Contact Information

a. Name



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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.*