



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1547

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A statewide initiative that provides families, young adults, and 9th–12th grade students with financial-empowerment, college, and career-readiness training. The program focuses on rural and economically disadvantaged communities and strengthens Florida's workforce pipeline through financial literacy, employment skills, and entrepreneurship education.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	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 2026-2027</b>	<b>500,000</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		

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Financial coaches, program facilitators, and a stipend for the Executive Director for program leadership, coordination, data reporting, and oversight of workforce and financial coaching activities.	100,000
Expense/Equipment/Travel/Supplies/Other	Participant workbooks, technology resources, supplies for workshops and coaching, travel to rural communities and regional college tours, materials for workforce and entrepreneurship activities, and program reporting resources.	85,000
Consultants/Contracted Services/Study	Workforce trainers, college and career advisors, financial capability and small-business consultants, data evaluators, and contracted specialists delivering high-skill instruction aligned with Florida's workforce and economic mobility goals.	315,000
<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>500,000</b>

#### 13. Program Performance

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



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To strengthen Florida's workforce pipeline by equipping families, young adults, and 9th–12th grade students with financial literacy, college and career-readiness skills, and entrepreneurial knowledge that improve economic self-sufficiency and employment outcomes in rural and economically disadvantaged communities.

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

Financial literacy workshops for families and young adults.  
High-school sessions on college planning, FAFSA awareness, and career pathways.  
Job-readiness training (resumes, interviews, workplace skills).  
Entrepreneurship and small-business simulations.  
One-on-one and small-group financial coaching.  
Regional events connecting participants with employers, colleges, and resource partners.

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

Direct services include in-person workshops, individualized coaching, mentoring, college and career guidance, and structured entrepreneurship training delivered to participants in their communities.

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

High school students (9th–12th grade)  
Young adults  
Economically disadvantaged persons  
Jobless persons  
At-risk youth  
Rural families  
Estimated number to be served: Approximately 1,000 participants statewide during FY 2026–2027.

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

Benefits/Outcomes:  
80% of participants improve savings, budgeting, or credit behaviors.  
65% report new or improved employment, income, or entrepreneurial activity within six months.  
85% of participating students show increased college and career-readiness.  
Methodology:  
Pre/post financial wellness and college/career-readiness assessments.  
Follow-up surveys 3–6 months post-program.  
Verification through partner organizations where appropriate.  
Annual impact report submitted to the Department of Commerce.

**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?**

If performance benchmarks or deliverables are not met, the contracting agency may withhold or reduce payments, require a corrective action plan within a specified time frame, adjust contracted deliverables, or determine ineligibility for future state funding until performance issues are resolved.

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**

<b>a. First Name</b>	<input type="text" value="Mary"/>	<b>Last Name</b>	<input type="text" value="Floyd"/>
<b>b. Organization</b>	<input type="text" value="Dynamite Kids, Inc."/>		
<b>c. E-mail Address</b>	<input type="text" value="Mary@dynamitekids.org"/>		
<b>d. Phone Number</b>	<input type="text" value="(850)508-5576"/>	<b>Ext.</b>	<input type="text"/>

**18. Recipient Contact Information**

<b>a. Organization</b>	<input type="text" value="Dynamite Kids, Inc."/>
<b>b. Municipality and County</b>	<input type="text" value="Gadsden"/>
<b>c. Organization Type</b>	
<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.*