

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

LFIR # 1920

1. Project Title	Just Write Cons	ulting Workforce I	raining Program			
2. Senate Sponsor	Keith Truenow					
3. Date of Request	11/13/2025					
4. Project/Program D	escription					
well as job placeme	ent. Funding will enh	ance vocational pr	IWC's) mission to provi ograms, cover certifica y needed for self-suffici	tion costs, and sup		
5. State Agency to re	ceive requested fu	ınds Departn	nent of Commerce			
State Agency conta	acted? No	•				
Type of Funding				Amount		
Operating			120,000			
Fixed Capital Outlay	у			0		
Total State Funds	Requested		120,000			
7. Total Project Cost	for Fiscal Year 202	6-2027 (including	matching funds avai	lable for this proje		
	Requested (from que	estion #6)	120,000	100%		
Matching Funds			-,			
Federal			0	0%		
State (excluding the	e amount of this requ	uest)	0	0%		
Local	Local			0 0%		
Other			0	0%		
Total Project Cost	s for Fiscal Year 20	026-2027	120,000	100%		
8. Has this project pr If yes, provide the	most recent instar	nce:	No			
Fiscal Year		ount	Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
(3333 33)						
9. Is future-year fund	ling likely to be req	uested?	No			
			No			



10. Status of Construction

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a. What is the c	current phase of t	he project?	
Planning	O Design	○ Construction ○ N/A	
b. Is the project	t "shovel ready"	(i.e permitted)?	
c. What is the e	estimated start da	te of construction?	
d. What is the e	estimated comple	tion date of construction?	
e. What funding	g stream will be ι	sed for ongoing operations and main	ntenance of the project?
		o receive, directly or indirectly, any firs of the facility and the entity.	ixed capital outlay funding. Include the
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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		0			
Consultants/Contracted Services/Study		0			
Operational Costs					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other	Operational costs including training materials, program supplies, certification and testing fees, and participant transportation assistance.	120,000			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6)					

13. Program Performance

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

The requested funds will support JWC's mission to provide Floridians with workforce training as well as job placement. Funding will enhance vocational programs, cover certification costs, and support placement services, equipping participants with the skills and stability needed for self-sufficiency.

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

Funds will directly support citizens who will receive personalized workforce training, job placement assistance, plus access to counseling and mentorship. The program helps Floridians and veterans earn certifications, secure stable employment, achieve lasting housing, and build financial independence.



☐ Yes, Received

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

	Funding will enable citizens to earn certifications through individualized workforce training, secure employment with b placement support, and attain long-term housing and financial stability.
d.	Who is the target population served by this project? How many individuals are expected to be served?
J	lobless persons and economically disadvantaged persons
	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will measured?
ar Ti ar	Eighty (80%) percent of active participants will secure employment or increase their income after program completion and Seventy-Five percent (75%) of active participants will achieve and maintain employment for at least six months. he methodology by which the outcome will be measured through job placement records, employment verifications, and participant income reports. Further self-sufficiency will be measured through employment verification, and follow-p participant surveys.
f. '	What are the suggested penalties that the contracting agency may consider in addition to its standard penaltic
fo	r failing to meet deliverables or performance measures provided for in the contract?
	Disbursed fund for deliverables not met would be returned to the state.
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	f 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 infastructure)
b. N	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a li	f yes, provide the FEMA project worksheet ID#:
	, you, provide the report normalisation.
b. F	Provide the total project cost listed on the FEMA project worksheet:
16. Ha	as the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied



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□ No							
☐ No, but intends to	o apply						
a. If yes, specify the Commerce):	e program	and state ager	ncy (ex. Loca	I Governmen	nt Emergenc	y Bridge Lo	an, Department of
17. Requester Contact	Informati	on	-				
a. First Name	Melissa		Last Name	Myers			
b. Organization	Just Write	e Consulting, Inc	·.				
c. E-mail Address	melissam	yers@justwrited	onsulting.org				
d. Phone Number	(407)457	-8199	Ext.				
18. Recipient Contact							
a. Organization		e Consulting, Inc). 		٦		
b. Municipality and	d County	Orange					
c. Organization Ty	ре						
□For Profit Entity							
☑Non Profit 501(c	:)(3)						
□Non Profit 501(c	:)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Melissa		Last Name	Myers			
e. E-mail Address	melissam	yers@justwritec	onsulting.org				
f. Phone Number	(407)457	-8199	Ext.				
19. Lobbyist Contact I	nformatio	n					
a. Name	Glen Gilz	ean					
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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.