



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1098

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Significant improvements are needed to this 4 acre 42 year old facility that has serviced hundreds of residents with severe developmental/intellectual disabilities. Soil erosion and weathering over time has made it nearly impossible for the residents to utilize much of the outdoor property. Heavy rains cause longstanding puddles which attract mosquitos and the uneven grounds in the yard are inaccessible to many. Termites have overridden the only covered shelter leaving the parking lot as the only option for consumers to walk or exercise.  
 This project provides for the walking trails and creates a safe outdoor living and wellness environment. Residents will be supported to engage in activities that promote their overall physical and emotional well-being. Formal health education program and exercise regime will be implemented using the facilities and equipment and progress will be tracked.

5. **State Agency to receive requested funds**

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>500,000</b>

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	500,000	50%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future 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.**



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Leveling, drainage and construction of accessible walking trails around four acre intermediate care facility campus will include the installation of adaptive, specialized equipment along the trails. Covered outdoor facility with ADA access for consumer gatherings, exercise and dining, and shaded outdoor and areas for exercise/wellness will be constructed. Installation of adaptive equipment along walking trail to enable access and eliminate hazards.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

14. Program Performance



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

Medical conditions, include life threatening ones such as cancer and cardio-vascular disease, as well as less serious conditions are more common among people with developmental disabilities. They can be improved if intervention and access is available. Research is clear that health promotion interventions including physical activity and exercise plays a vital role in reducing the significant health disparities that exist for people with developmental disabilities.

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

Increased accessed to outdoor activities and specialized health and fitness facilities and equipment and walking trail. Barc Housing will promote healthy living and reduce the disparities often faced by people with disabilities. Monitor health and skin improvements and desire of residents to spend time outdoors, increasing Vitamin D exposure and creating schedules to monitor walking and health improvements.

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

Specialized health and fitness facilities and equipment will be available for adults with development/intellectual disabilities at an ICF/DD. Residents will be supported to engage in activities that promote their overall physical and emotional well-being. Formal health education program and exercise regime will be implemented using the facilities and equipment and progress will be tracked.

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

The target population includes the current thirty six residents and future residents with developmental/intellectual disabilities at Barc Housing ICF/DD creating a safe and inclusive outdoor living and wellness environment for the most severely afflicted developmentally and intellectually disabled individuals residing on this campus.

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

Improve cardiovascular fitness - Track level and intensity of cardiovascular exercise such as walking and stationary biking.  
 Reduce weight - Monitor weight loss via weekly weight tracking.  
 Improve muscular strength and endurance - Track completion of flexibility exercises.  
 Increase range of motion - Assess range of motion annually by a licensed physical therapist.  
 Promote mental relaxation - Track the reduction of maladaptive behaviors.

**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 the contract?**

Notice a reasonable time to cure.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

For Profit Entity



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- 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number