



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1410

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Best Buddies is a non-profit organization that creates opportunities for one-to-one friendships, integrated employment, leadership development, and inclusive living for people with intellectual and developmental disabilities (IDD). This project creates, strengthens, and maintains 170 middle and high school-based Best Buddies chapters, with a total of 6,800 participants, across the state of Florida. Together, these chapters will involve 2,200 students in 1,100 one-to-one, peer-mentoring friendships between students with disabilities and their typical peers and deliver school and community-based activities, including leadership training, under the guidance of Best Buddies staff. These activities will help create more inclusive school communities by increasing meaningful interactions between students with intellectual and developmental disabilities and their typical peers, helping students with and without disabilities build social and leadership skills for college and career readiness.

5. **State Agency to receive requested funds**
- State Agency contacted?** Yes

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

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

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)	350,000	14%
Matching Funds		
Federal	100,000	4%
State (excluding the amount of this request)	0	0%
Local	124,000	5%
Other	1,920,000	77%
Total Project Costs for Fiscal Year 2024-2025	2,494,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	700,000	350,000	86	No

9. **Is future funding likely to be requested?** Yes
- a. **If yes, indicate nonrecurring amount per year.**

b. Describe the source of funding that can be used in lieu of state funding.

In lieu of state funding, Best Buddies would have to reduce the scale of the project scope and raise funds through a combination of private dollars generated through fundraising, individual giving, and foundations.



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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.

Best Buddies in Florida received \$303,741.60 in federal assistance in 2020. This funding covered operating costs as revenue declined due to the cancellation of in-person fundraisers during the pandemic.

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	\$56,000 in Recurring Funds: These funds are used by Best Buddies International to oversee the administrative and management needs of our state offices. The allocation for funds is approximately: Professional Services - 53% includes BB website and database maintenance, state development, education and training etc; Accounting - 16%; HR/Legal - 15%; IT - 8%; Executive - oversight of programming 8%	28,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	\$580,000 in Recurring Funds: 10 FTE - Program Managers in seven area offices; 3 FTE - Area Directors in seven area offices; 2 FTE - Program and Operations staff; 0.4 FTE State Director; FICA, Group Health, Unemployment, Workers Comp, Retirement/Other Benefits calculated at 15% of salaries.	290,000
Expense/Equipment/Travel/Supplies/Other	\$63,833 in recurring funds: staff training, staff leadership conference, student leadership training day, equipment, fixed assets, evaluation, office space/utilities, delivery, postage, copies/printing, supplies, Best Buddies 360, memberships, and telecommunications.	31,917



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Consultants/Contracted Services/Study	\$167 in recurring funds: evaluation - includes costs to perform Annual Survey of students, parents/guardians, and faculty advisors (inclusive of cost to perform the survey and collect data, as well as fee for third party evaluation, analysis, and report).	83
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		350,000

14. Program Performance

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

Best Buddies helps students acquire the skills they need to be college and career-ready by providing on-campus and off-campus activities that promote socialization between students with disabilities and their typical peers. This funding will allow Best Buddies to involve 2,200 students in 1,100 one-to-one friendship matches statewide. Best Buddies will work closely with the 170 middle and high schools representing 28 counties to develop these friendships. Best Buddies supports the state's initiative of providing students with disabilities an appropriate education in the least restrictive environment possible by providing students with disabilities the opportunity to develop social and leadership skills alongside their typical peers.

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

Best Buddies offers students with and without disabilities the opportunity to engage in a mutually beneficial peer-mentoring friendship. Our program goals are to develop leadership and social skills among students with and without IDD through these one-to-one friendships along with inclusive activities and leadership training. The one-to-one mentoring model provides opportunities for students with IDD to practice valuable social skills with their typical peers during monthly group activities and weekly contacts with each other. Students in Best Buddies also have the opportunity to engage in group mentoring via the chapter's group activities and meetings for those participants not matched in a one-to-one friendship.

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

Best Buddies will provide direct training and support to teacher advisors and student leaders at each school-based chapter. In addition to direct program facilitation, local area staff plan and implement area-wide trainings and awareness initiatives in which all the chapters can participate. Area directors oversee the program staff and provide direct program support to both the schools and staff by developing action plans, providing training, and lending support when problems arise. The state director, director of operations, and director of programs are all part of the state team that manages the quality and consistency of programs throughout the state. They work closely with the headquarters staff to manage quarterly goals and maintain a high standard of quality for trainings, activities, and overall participation experience.

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

The target population is middle and high school students with and without intellectual and developmental disabilities across Florida. Students include those with disabilities as well as typical peers (a student without a disability). A typical peer will be matched in a one-to-one friendship with a student with a disability. The typical age of participant ranges from age 10-22. Best Buddies primarily serves school chapters within the counties surrounding our seven local area offices located in Broward, Fort Myers, Jacksonville, Miami, Orlando, Palm Beach, and Tampa. Best Buddies anticipates serving 6,800 individuals during the FY25 project year.

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

Through Best Buddies, students will be more socially integrated into their school communities. Eighty-five percent of Best Buddies faculty advisors surveyed will report students with IDD are more socially integrated into the school community. Best Buddies uses multiple methods to assess program performance and implement changes to the program model. Staff use BB360 to track memberships, matches, activities, and meetings and refer to this data to assess progress towards the program objectives stated in the scope of work. Cumulative reports from BB360 are pulled on a monthly basis which reflect the total school-year-to-date numbers for applications, approved memberships, one-to-one matches, activities and meetings. The Best Buddies annual survey was developed by Michael Hardman, Ph.D., Distinguished Professor and Chief Global Officer, Office for Global Engagement, President's Office, University of Utah.



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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?

Financial consequences for each missed deliverable per quarter: \$500 per missed training and \$250 per member shortfall in Q1; \$25 per mentoring session shortfall, \$50 per shortfall of mentees served, \$500 per missed training in Q2; \$25 per mentoring session shortfall, \$50 per shortfall of mentees served, \$500 per missed training in Q3 and Q4.

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

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