



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2508

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

**4. Project/Program Description**

The Family Cafe is the leading source of information, resources, and networking for Floridians with disabilities. It hosts the largest statewide cross-disability event in the nation, The Annual Family Café, which connects attendees with resources and strategies they need to thrive in their communities. Another program of The Family Cafe, Inc. is The Florida Youth Council (FYC) which is a group of youth and emerging leaders ages 15 to 30 with disabilities or special health care needs. Our mission surrounds getting youth and emerging leaders involved in self-advocacy, peer mentoring and other activities that will improve the quality of life for youth with disabilities in Florida.

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

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	25,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>25,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	25,000	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 2023-2024</b>	<b>25,000</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.**

No other source of public funding exists. The Family Cafe seeks out sponsorships and private contributions on an ongoing basis, however that source is insufficient to meet programmatic needs.

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



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Yes

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

The Family Cafe received \$102,756 from the paycheck protection program in April of 2020.

## 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

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	The Family Cafe will contract with a qualified organization to provide these services specific to youths with a disability.	25,000
<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>25,000</b>

### 14. Program Performance

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

The members of the Florida Youth Council will receive direct training and educational resources that will assist them in meeting actionable goals and the learning of real-world skills and available supports.

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



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The activities and services will be educational in nature and will involve in-person workshops, training sessions and virtual meetings throughout the year.

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

The Florida Youth Council provides direct training and educational workshops and resources to youth with disabilities. Our mission surrounds getting youth and emerging leaders involved in self-advocacy, peer mentoring and other activities that will improve the quality of life for youth with disabilities in Florida.

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

The Florida Youth Council is a group of youth and emerging leaders ages 15 to 30 with disabilities or special health care needs. The Florida Youth Council will directly serve between 400 – 600 youths throughout the year

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

The Florida Youth Council makes young individuals with disabilities better equipped to flourish in the community. The resources provided will assist youth disability leaders to be better able to lead themselves and their peers in transition to independence. All activities of the Florida Youth Council will utilize survey tools to assess the efficacy of all FYC activities.

**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?**

The Florida Youth Council has a long-standing working relationship with the Agency for Persons with Disabilities and a strong understanding of the expectations related to project performance and deliverables.

**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**



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f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number