



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2099

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The I.M.P.A.C.T. program serves families affected by disability through Inclusion, Ministry, Play, Advocacy, Community, and Training. This includes respite services for parents and caregivers of children with special needs, and family-friendly community events they are to be a part of without worry or limitations. Because the needs of this population are complex, many of the families we serve have very limited access to care and sensory inclusive/accessible events.

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	250,040
Fixed Capital Outlay	0
Total State Funds Requested	250,040

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)	250,040	89%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	30,000	11%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	280,040	100%

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.

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.



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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director Salary and benefits (53,840)	53,840
Other Salary and Benefits	Program Coordinator (30,000) Programming Assistant (30,000) Co-Executive Director (16,000)	76,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	4 part time support staff salaries & benefits	50,000
Expense/Equipment/Travel/Supplies/Other	Rent, utilities, related equipment which includes a refresh for our art classroom, indoor soft gym, sensory room, and the creation of a mobile sensory room.	70,200
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)		250,040

14. Program Performance

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

The I.M.P.A.C.T. program serves families affected by disability through Inclusion, Ministry, Play, Advocacy, Community, and Training. This includes respite services for parents and caregivers of children with special needs, and family-friendly community events they are to be a part of without worry or limitations. Because the needs of this population are complex, many of the families we serve have very limited access to care and sensory inclusive/accessible events.



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

I.M.P.A.C.T. Program runs out of POSABILITY's "Emmalee's Clubhouse" which is a one-of-a-kind facility that allows us to connect with more underserved families and to recruit volunteers, teaching them how to interact with individuals with disabilities and their families. From here we provide support groups, after school programs, art classes, and respite programs.

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

Support groups, after school programs, art classes, a mobile sensory room, and respite programs.

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

Developmentally disabled, Physically disabled, Preschool students, Grade school students, High school students. Greater than 800.

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

1. Improve physical health: Providing children a space to be active who otherwise might not be if the opportunity wasn't there.
2. Improve mental health: We will be able to provide respite and peace of mind to parents with children with special needs. Our plan is to reach 80 families and provide 20 hours of respite for each week.
3. Enrich cultural experience: Our Creative POSABILITY Program is an adaptive and inclusive art experienced designed to allow children of ALL abilities to express themselves through art.
4. Improve quality of education: IEP Workshops, Support Groups, Awareness Education, and our After School Programs
5. Increase or improve economic activity: Local businesses are our sponsors and partners. We increase their economic activity as our families recognize them as being inclusive to families affected by disability.
6. Increase tourism: We have families that participate from outside of our area come into our county and spend money on local recreational activit

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?

Failure to meet deliverables will result in a return of funds to administering agency.

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)



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- 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