



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1498

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

**4. Project/Program Description**

The Horticultural Employment Program offers individuals with developmental differences an opportunity to learn and grow in a supportive environment, fostering valuable job skills and employment prospects. This initiative enhances participants' physical and mental well-being through a therapeutic environment designed for learning and personal development. With employment opportunities for over 20 clients, funding supports direct service professionals, coaches, instructors, and essential equipment. Clients gain independence and purposeful experiences, contributing to their personal and professional growth. This funding also plays a crucial role in enhancing programming for an underserved and vulnerable population. HabCenter is dedicated to continuing and expanding vocational programs, making a lasting positive impact on the lives of those we serve.

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	275,000
Fixed Capital Outlay	75,000
<b>Total State Funds Requested</b>	<b>350,000</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)	350,000	58%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	60,000	10%
Local	20,000	3%
Other	172,400	29%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>602,400</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

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

9. **Is future funding likely to be requested?**  No
- 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?**



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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	Funding to employ 20+ employees with developmental differences, for direct service professionals, instructors, paraprofessional, disabled employees, and support staff. HabCenter depends on these dedicated individuals to deliver programmatic instruction, horticultural and vocational training, and other hands-on training, as well as to facilitate enrichment activities for individuals with lifelong disabilities and mental health issues.	175,000
Expense/Equipment/Travel/Supplies/Other	Funds for marketing deliverables, program branding, vehicle maintenance, transportation expenses, supplies, equipments, field trips, volunteer activities, etc.	100,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The property is 45 years old and in need of repairs to the nursery, building structure, painting, AC, refrigeration, potting sheds, and various capital improvements, etc. to secure and enhance the facility to improve and ensure program sustainability	75,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>350,000</b>



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**14. Program Performance**

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

HabCenter seeks to enhance Plant Nursery operations, to hire and train 20+ clients with developmental differences. To create an inclusive and therapeutic environment for clients with disabilities to gain employment. Enhancing horticulture and gardening/agricultural program, providing vocational training, fostering social integration, ensuring accessible infrastructure, offering educational programs, creating micro-enterprise opportunities, conducting program evaluations, supporting staff training, and engaging the community. Enhancing the well-being and skills development of participants. Funding helps to support our mission to educate and equip special needs population to gain independence and live purposeful lives.

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

Comprehensive, individually tailored vocational training, employment, plant nursery, horticultural program or support services aimed at equipping individuals with disabilities with the necessary skills and knowledge to enhance their self-help, adaptive, and social skills, gain access to income, ultimately enabling them to secure and maintain competitive jobs and economic mobility. Funding will help to expand Horticultural program to include growing fresh healthy produce to expose 50+ clients to healthy food options and educate them on nutritious options to improve their physical and mental health; providing 20+ clients access to earning and income.

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

Horticultural program provides instruction and hands-on training tailored to each client's individual educational/employment goals, along with vocational work preparation services. This helps individuals with lifelong disabilities and mental health issues to achieve vocational and economic independence. Horticulturalist work with participants to develop individualized programs that meet their specific needs. Clients learn job skills such as plant care, landscaping, and customer service. These skills can help participants to find employment in the horticulture industry or in other fields. Social skills training is also provided, helping participants develop teamwork, communication, and problem-solving skills.

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

Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, Developmentally disabled, Physically disabled, and Victims of crime. 51-100 individuals served through gardening program, 20+ clients will earn income by working in the program. Funding helps to expand the number of clients served.

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

Horticultural program will provide an average of 100 participant hours per month of physical activity, aimed at enhancing fine and gross motor skills. 70 percent of clients in the program are expected to meet their goals. Cyclical assessments will be used to track outcomes and individualized client success. The program also provides stress-relieving activities and improves physical functional ability. The program will be measured using the number of hours of physical activity, which will enhance fine and gross motor skills.

**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?**

Implementation of Corrective Action Plan

**15. Requester Contact Information**

<b>a. First Name</b>	Sherry	<b>Last Name</b>	Henry
<b>b. Organization</b>	Habilitation Center for the Handicapped, Inc. (HabCenter Boca Raton)		
<b>c. E-mail Address</b>	shenry@habcenter.org		
<b>d. Phone Number</b>	(561)886-3029	<b>Ext.</b>	



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#### 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