



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1248

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Support individuals with disabilities; enhance their self-advocacy, adaptive, vocational, work preparation and/or social skills through instruction and/or hands-on training. Funds would be used to maintain or expand a degreed, credentialed and professional staff with skill-sets required to provide services listed above; with decreasing/limited funding, the opportunity for people with disabilities to learn life skills and become vocationally/economically independent will not occur.

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

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	300,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	300,000		No

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?**

No



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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

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	\$300,000 to fund job coaches, instructors, paraprofessionals and support staff. HabCenter relies on these individuals to provide programmatic instruction, pre-vocational and vocational training and other hands-on training as well as enrichment activities for people with disabilities.	300,000
Expense/Equipment/Travel/Supplies/Other		0
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)		300,000

14. Program Performance

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

Comprehensive, individually tailored vocational training, supported employment, or support services that provide sufficient skills and knowledge to increase the capability of people with disabilities in areas of self-help, adaptive, social skills or secure/maintain competitive jobs in the community.



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

Provide an opportunity for people with disabilities to become vocationally and economically independent through instruction and/or hands-on training related to each client's Individuals Educational Goals, as well as vocational and work preparation services.

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

Improve physical health, improve mental health, improve agricultural production/promotion/education, improve quality of education.

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, victims of crime.
101-200 individuals served

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

Numbers of hours of physical activity, which will improve fine motor skills or gross motor skills, will be tracked; will provide an average of 100 participants hours per month of physical activity, which will improve fine motor skills or gross motor skills. 70% of those served will increase their ability to cope with situations that arise during the workday, quarterly reporting on the progress of goals which are determined upon clients' annual meeting; increase clients' ability to cope with situations that arise during the workday. Tracking daily client attendance in the Plant Nursery: approximately 15 clients will be involved with bedding and caring for plants, quarterly reporting of progress on goals, which were determined at clients' annual meeting; 70% of those served will meet their individual educational goals.

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

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



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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