



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1774

1. Project Title

2. Senate Sponsor

3. Date of Request

**4. Project/Program Description**

This project helps eliminate the 300 student waiting list for services offered by our school. The project consists of a major remodel in an existing space of 3,200 sq. ft. and includes 6 new classrooms, 2 new bathrooms, and storage space for curriculum. This project is essential for the success of students wishing to gain access to our school, as well as the students already in attendance. Zephyrhills and the east Pasco county area would benefit greatly, even outside the classroom. We often collaborate with community partners for the betterment of the surrounding area and the services they provide. The school's outreach efforts not only have a profound effect on the surrounding areas, but also impacts several families that drive over an hour to attend. Our school has also garnered national attention, leading students to move from out of state to enroll, and as a result we have been awarded the "Leadership Award" 7 years in a row from the National School Choice Office.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</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)	1,000,000	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 2024-2025</b>	<b>1,000,000</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.



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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.

## 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Major renovation project for the Academy of Spectrum Diversity will include concrete work, framing, drywall, windows, doors, plumbing, HVAC, Electrical, painting, all finished work, school furnishings, fire and safety equipment, and specialized technology to assist students. The construction will be 3,241 sq ft.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

14. Program Performance

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



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To increase the capacity of our school, and address an enormous waitlist of over 300 students wishing to take advantage of the programs this school offers. Our school is unique because we address the students as a whole, not only dealing with academics, but helping them learn how to manage social situations, expressing themselves, and finding their God given purpose in life so they can become productive members of their community.

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

These additional classrooms will allow many more students to take advantage of all that this School has to offer, including therapies such as ABA, SLP, OT, PT, and Dog Therapy.

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

The need for Special needs programs in this area (East Pasco county) is enormous and the resources are few. As the community of Zephyrhills and the surrounding areas grow exponentially, so has the desperate need for expansion of our services to help this influx of special needs children to our area.

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

Our school serves students with learning challenges that make it harder for them to adapt to traditional educational settings, whether high or low Functioning Autism, ADHD, dyslexia, or other intellectual or developmental disability. After this major remodel is completed we will be able to serve 120 students.

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

The expected benefit of this project is to enable the school to serve an additional 60 special needs students, raising capacity to 120 plus students in total. It will afford greater opportunity for students, many of which have been left waiting for an open enrollment spot in our school.

**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 or performance measures will result in the return of state funds.

**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**