



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2636

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This original commercial kitchen was built in 1969 preparing meals for children with developmental disabilities. Today this same kitchen prepares 170,000 meals a year for children and adults with developmental disabilities who live and learn at Parc Center for Disabilities. The only renovations to this kitchen since the 1970's include a hood system and refrigeration. This renovation will allow us to continue to provide nutritious meals to all in our care.

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	750,000
<b>Total State Funds Requested</b>	<b>750,000</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)	750,000	75%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	25%
<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.

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    
  N/A

b. Is the project "shovel ready" (i.e permitted)? No

c. What is the estimated start date of construction? October 2024

d. What is the estimated completion date of construction? January 2025

**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.**

The facility is owned by Parc, Inc. dba Parc Center for Disabilities

**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	Commercial kitchen renovations include construction costs to demo the existing kitchen interior including floors, walls, ceilings and roof. Construction costs to rebuild the kitchen from the ground up including sewer lines, grease trap, electrical distribution, plumbing, flooring, walls and ceilings. This includes new hood and fire suppression system, walk-in freezer, fridge, equipment & fixtures.	750,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

**14. Program Performance**

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

This original commercial kitchen was built in 1969 preparing meals for children with developmental disabilities. Today this same kitchen prepares 170,000 meals a year for children and adults with developmental disabilities & neurodiversities who live and learn at Parc Center for Disabilities. The only renovations to this kitchen since the 1970's include a hood system and refrigeration. This renovation will allow us to continue to provide nutritious meals to all in our care.



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

Annually, 170,000 nutritious meals will be served to children and adults with developmental disabilities.

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

The services of preparing and proving healthy nutritious meals for all in our care. For many this will alleviate food insecurity.

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

Developmentally disabled, physically disabled, elderly persons, persons with poor mental health, preschool children. Between 300 -400 individuals are expected to be served.

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

Weight meetings and annual assessments are mandatory to ensure the proper health of each individual. Dietetic services are a condition of participation on the Intermediate Care facilities through CMS and AHCA. Diets are prescribed and must be followed. Modified and specialty prescribed diets are given to all adults in our care. Nutritious meals are provided to children with DD and children who live in extreme poverty. Many of the children rely on the meals served to them and in many cases is the only food they have for the day. These meals eliminate food insecurity to this very fragile population. The nutritional meals eliminates the ACE (Adverse Childhood Experience) factor of Hunger which in turn supports the children to meet their educational targeted service level which is measure by Teaching Strategies Gold.

**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?**

Return of 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
- University or College
- Other (please specify)



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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