



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3504

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

**4. Project/Program Description**

STARability Foundation is a regional leader in providing innovative, results-driven programs for individuals with intellectual and developmental disabilities in Collier County. Our pioneering outreach program, Trailblazer Academy, offers community-based skill development experiences for adults, whether they are on a path to life enrichment or have vocational aspirations. The curriculum centers on the development of eight life skills that are important for social inclusion and greater independence. Our trained staff assess participants' skills and design individual plans to help them attain goals like career path/employment, personal finance and self-advocacy. When participants express interest in exploring career options or are ready to find a job, our growing Vocational Services program team steps in. This well-established program tackles the persistent issues of unemployment for participants with innovative, individualized vocational training and job placement opportunities.

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	150,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>150,000</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)	150,000	15%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	862,431	85%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,012,431</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.**

We would apply for private foundation grants.



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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	Allocation of salaries and benefits for the Chief Program Officer and Trailblazer Assistant Director	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Allocation of salaries and benefits for 5 instructors, 5 program assistants, 2 employment consultants and 3 job coaches	70,000
Expense/Equipment/Travel/Supplies/Other	Allocation for facility rent, program expenses, van expenses, mileage and fuel	53,000
Consultants/Contracted Services/Study	Allocation of salary and expenses for one BCBA Instructor.	2,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>150,000</b>

14. Program Performance

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



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To support and expand our innovative Trailblazer Academy, a community-based program for individuals with intellectual and developmental disabilities focused on life-skill development and vocational training. Our result-driven programs encompass educational, vocational and social programs fostering life enrichment and promoting greater independence and self-sufficiency to those we serve.

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

Our research-based curriculum emphasizes life and work skill development, offering customized hands-on learning, vocational training, and job placement with coaching. The requested funds will enable us to expand our full-time day program (TBA) by adding 12 more participants, supporting staffing and program expansion costs.

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

As an approved provider for the Florida Department of Education Vocational Rehabilitation, we provide job-related trainings, career counseling, assist in interviewing, job coaching and assist in obtaining and retaining employment.

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

The population served includes: persons intellectually and/or developmentally disabled, persons physically disabled, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons. We expect to serve between 101 - 200 people.

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

The expected benefits and outcomes of this project include: improving physical health, improving mental health, enriching cultural experience, improving quality of education, increasing/improving economic activity, creating specific immediate job opportunities, and enhancing specific individual's economic self-sufficiency. The methodology by which these outcomes will be measured include assessing individuals in eight life-skill areas outlined by Virginia Commonwealth University, tracking experiences, tracking employment status from job seeker to placement success, and surveying the target population and caregivers.

**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?**

Corrective action plans and/or financial consequences will be required for non compliance, non performance, unacceptable performance, or failure to meet the minimum level of service or performance under the contract.

**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)



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- 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**