



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1707

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A program for children and adults with developmental and intellectual disabilities, who will learn valuable skills for their growth and development through proven acting, music, and dance therapies. The physical, cognitive, emotional and social skills they will learn are a crucial gateway to autonomy and independence, supporting the integration process of neurodiverse individuals into the community and workforce.

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	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

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	59%
Matching Funds		
Federal	15,000	2%
State (excluding the amount of this request)	30,000	5%
Local	50,000	8%
Other	155,000	26%
Total Project Costs for Fiscal Year 2024-2025	600,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	350,000	240A	Yes

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.

N/A

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)?

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	Specialized Dance, Voice and Acting Coaches.	50,000
Expense/Equipment/Travel/Supplies/Other	Stage/Classroom/ADA Compliance: \$60,000 Specialized Classroom and Sound Equipment: \$40,000 Transit Passenger ADA compliant Van: \$100,000	200,000
Consultants/Contracted Services/Study	Speech and Behavioral therapist. Specialized Classroom Assistants & Consultants.	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		350,000

14. Program Performance

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

Funds will support a program for children and adults with developmental and intellectual disabilities, who will learn valuable skills for their growth and development through proven acting, music, and dance therapies. The physical, cognitive, emotional and social skills they will learn are a crucial gateway to autonomy and independence, supporting the integration process of neurodiverse individuals into the community and workforce.

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



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350+ neurodiverse participants will receive group and private therapy through multi-modal performing arts group and private classes. In addition, we will provide audience interaction through monthly public performances which strengthens their ability to follow direction, perform in front of an audience, and work with a team, essential skills to function in society and workforce.

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

Group Classes: theatre for personal insight, improvisation for responses, storytelling for communication, theatre performance for teamwork, dance and movement for cognitive and physical functions, music and sound for brain connectivity. Public Performances: to support social interaction. Individual Therapy: speech, behavioral, and artistic coaching. Transportation: for financially limited families.

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

The target population is economically disadvantaged persons, developmentally disabled, physically disabled, grade school students, high school students, and university/college students. More than 800 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?

It will improve physical health, mental health, cultural experience, improving transportation conditions as well as create specific immediate job opportunities which allows them to be evaluated by directors in the beginning middle and end of the session as well as pre and post assessment surveys. In addition, the impact of the program has on the quality of the participants' overall education that is measured through both direct observation and evaluation of the participants through the staff.

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?

Instances of noncompliance will be penalized through financial consequences.

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



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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