



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2842

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

**4. Project/Program Description**

Students with disabilities often face barriers that limit academic success and affect future employment. This project ensures better preparation for transition from high school to post-secondary education. The program is evidenced-based and aligns with state educational goals including those of the REACH Act and First Lady DeSantis' Hope Florida Initiative to provide better guidance and remove barriers to self-sufficiency and pathways to economic opportunities. Pre-employment and transition services for high school youth with disabilities and their families. These services will be provided through grants to local school districts, charter and private schools for career exploration and career pathing, leading students into CTE programs, post-secondary education, and careers. Data on Florida's in-demand/growing industries will be used to guide this work.

5. State Agency to receive requested funds
- State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</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)	300,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	300,000	50%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>600,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?  Yes
- 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?



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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    
  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	Salary and benefits for The Able Trust High School High Tech State Director, the position responsible for all youth programs for the organization.	95,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Travel for State Director	5,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Grants to public, private, and charter schools; Training/technical assistance from The Able Trust	200,000
Consultants/Contracted Services/Study		0
<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>300,000</b>

### 14. Program Performance

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



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

Pre-employment and transition services for high school youth with disabilities and their families. These services will be provided through grants to local school districts, charter and private schools for career exploration and career pathing, leading students into CTE programs, post-secondary education, and careers. Data on Florida's in-demand/growing industries will be used to guide this work.

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

Students will participate in industry tours and presentations, connections to career support resources including Vocational Rehabilitation services, Career and Technical Education, apprenticeships, and other post-secondary education programs. Parents will receive guidance on post-secondary resources and supports to avoid the "service cliff" after high school graduation.

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

High school students, at-risk youth, individuals with physical/developmental disabilities, economically disadvantaged persons. Expect to serve between 400-800 individuals throughout those populations.

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

Enhance specific individual's economic self-sufficiency by improving graduation rates, CTE enrollment, and access to vocational rehabilitation. The Able Trust has seen a 90% graduation rate for students served, 70% of students enrolled in CTE, apprenticeship, or other post-secondary programs, and 100% of students referred to the state Vocational Rehabilitation Program. These outcomes can be measured by tracking graduation rates, enrollments of students by grantee, and referrals of students by The Able Trust and VR.

**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 unspent funds/return of funds not spent in accordance with 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)



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- Non Profit 501(c)(4)
- 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**