



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1454

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

**4. Project/Program Description**

The project description is to construct a new facility for our Adult Day Training Program (see attached building/financial plan). We have outgrown our existing location and are in a year to year lease, so we are unable to expand and serve more individuals in our current location. After constructing the building for our Adult Day Training Program, we plan to eventually build residences for our clients to live and provide them a "forever home." The Special Hearts Farm is a non profit 501c3 organization that serves individuals with disabilities and unique abilities who have aged out of school and been denied opportunities for college and supported employment. We provide training in farming and gardening work related jobs, along with retail experiences by producing and selling our farm products in our farm store. We have recently purchased 15 acres of beautiful farm land to build our Adult Day Training facility and forever home, but need appropriation funds for construction costs.

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

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	5,395,903
<b>Total State Funds Requested</b>	<b>5,395,903</b>

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	5,395,903	86%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	900,000	14%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>6,295,903</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?**

Yes

**If yes, indicate the amount of funds received and what the funds were used for.**

Paycheck Protection Program - \$24,725 - payroll only  
 Economic Disaster Loan Advance - \$10,000 - operating expenses  
 Cares Provider Relief Fund - \$952 - lost client revenue due to COVID

**11. 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	New construction for Adult Day Training Building (50,000 sq ft building) *see attached Financial Plan for building including materials, labor, sub-contractors, and equipment	5,395,903
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,395,903</b>

**12. Program Performance**

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

The specific purpose/goal of this project will be to construct a permanent Adult Day Training building that will accommodate our existing clients and those on our "waiting list." As reported by the Department of Labor, individuals with disabilities have a high rate of unemployment, and often after aging out of school are left with very few options or programs to support them. By serving this population, we will provide meaningful job training opportunities and give their parents the ability to continue in the workforce. We are currently in a year to year lease and have outgrown our existing location. We have purchased 15 acres of farmland and are requesting the appropriation funds to construct the building.

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

The funds will provide Adult Day Training and Supported Employment opportunities for individuals with disabilities in the areas of farming, gardening, and landscaping. This will include training opportunities for making goat milk soap, wood crafts and retail experiences by selling their farm products in our Special Hearts Farm store. Participants will practice daily living and independent functioning skills in the new Adult Day Training building utilizing the kitchen and laundry facility. They will participate in community outings related to shopping, leisure activities, community events and delivering Meals on Wheels in the city of Apopka. They will harvest and sell our fresh veggies, eggs and farm products at the Farmer's Market.

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



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Our participants will deliver Meals on Wheels to the citizens of Apopka, and learn how to "give back" to their community. Special Hearts Farm will provide farm fresh eggs and vegetables to our Apopka and Mt. Dora neighbors at the Farmer's Market. Participants will be provided business opportunities in the farming, gardening, and retail industry by producing and selling our farm products at the Special Hearts Farm store. They will also be provided the opportunity to learn and practice daily living skills, so they may live as independently as possible. Our participants families will be able to continue in the workforce, and know their family member with unique abilities will be provided a meaningful day in a safe environment.

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

Our target population will include adults with disabilities. We will serve as many individuals as we can accommodate based on the completed size of our facility. The facility we are requesting funds to build could serve 200-400 individuals.

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

The benefit of this project will be to provide a meaningful day and job training experience to individuals with disabilities in farming, gardening and retail, with the opportunity of employment on the property or out in the community. A secondary benefit will be to eventually provide our clients with a safe residential home setting. The outcome will be measured by our clients success and overall happiness within the Special Hearts Farm and their inclusive participation in the community. In addition, we will continue to follow the Agency for Person's with Disabilities guidelines to measure our success.

**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 specified program stipulations in the contract would disqualify us for the next fiscal year for appropriations. We are also monitored/audited by the Agency for Persons with Disabilities and are contracted to follow their guidelines or be penalized.

**13. 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.**

No, the facility is a 501c3 non profit. It is not owned by anyone, but rather is set up as a corporation with six voting unpaid Board Members. None of the Board Members will receive any fixed capital outlay funding for this project. The appropriation funds will be used solely for construction costs.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number