



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1525

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The HabCenter built in 1978 equips adults with disabilities with everything they need to lead productive lives. In 2015 PEAR project was developed to further this mission by addressing life skills, mental health, educational and recreational skills. With the funds requested we will make critical upgrades to the Center to continue to offer these services 5 days a week, 5 hours daily enabling families of clients to continue to work by providing a unique daytime care program for their loved ones.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	350,000
<b>Total State Funds Requested</b>	<b>350,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>350,000</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?  No

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?

No



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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

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

11/1/2023

d. What is the estimated completion date of construction?

12/31/2023

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.

Habilitation Center for the Handicapped (HabCenter)

### 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	The building was built in 1978 and needs critical renovations such as roof upgrades, AC & HVAC, engineering; impact windows and renovations of classrooms, recreation workshops and outdoor program areas, etc.	350,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>350,000</b>

### 14. Program Performance

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

In 2015 PEAR project was developed to adopt a holistic and individualized approach to caring for the persons served. It focuses on various aspects to increase well-being and overall functioning. Activities address life skills, mental health, and educational and recreational skills. Using trauma-informed care, staff members work collaboratively with the clients.

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



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Education and life skills through reading and writing, arts and crafts, basic science to learn about the body, nature, weather, etc, recreation such as games, music, movies, and exercise, and outdoor activities such as soccer, basketball, other sports, and nature.

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

Improving their mental and behavioral health through involvement in the HabCenter PEAR program decreases rates of isolation and loneliness. mental health and behavioral counseling to cope with anger, anxiety, patience, and confidence. Improving their quality of education by implementing reading and writing, functional math skills, smartphone and tablets course, history and culture classes, life skills, and basic functional science.

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

Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, Developmentally Disabled, Physically disabled, and Victims of crime. 101-200 individuals served

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

Through PEAR project programming and data tracking of our clients in the program they will have the ability to express emotions, cope with anger and decrease anxiety; will demonstrate patience when frustrated and confidence when given a constructive comment. Also, through educational programs, they will increase conversation skills, and the ability to communicate effectively with their supervisors will demonstrate the ability to try a new activity or work skill and communicate effectively with others when there is conflict.

**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?**

Implementation of Corrective Action Plan

**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