



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1000

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

**4. Project/Program Description**

The JAFCO Children's Ability Center provides comprehensive support services and respite to families raising children with developmental disabilities. The Ability Center is a "one-stop-shop" for developmental disability services, providing services and support to the entire family. The center is open 24/7/365 to offer planned or emergency respite care, allowing caregivers of children with special needs to tend to their own needs while their child engages in socialization activities in a safe and caring environment.

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

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	995,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>995,000</b>

**7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	995,000	18%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	3,395,000	59%
Other	1,345,000	23%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>5,735,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes
- If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	475,000	246A	No

9. Is future-year 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.
- Private funding resources such as grants, special events and individual contributions.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



# The Florida Senate

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LFIR # 1000

**10. 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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. 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.**

**12. 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</b>		
Salary and Benefits	Program staff including directors, social workers, therapists, BCBA (Board Certified Behavior Analyst), nurses and direct care staff.	895,000
Expense/Equipment/Travel/Supplies/Other	Program supplies such as food, art supplies, music supplies, gym equipment, communication devices and computers.	100,000
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>995,000</b>

**13. Program Performance**

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

The goal of the Ability Center is to reduce the stress of parents who are raising a child with a developmental disability while increasing the socialization and skills of their children, thereby helping to preserve the family unit and reduce out-of-home placement for children.

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

Services include center based respite as well as comprehensive support services to families raising a child with a developmental disability.



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

Services include day, evening, weekend, overnight, emergency or extended respite services that allow the children to enjoy social enrichment activities while their parents tend to their own needs and self-care. Additional services include social skills, life skills, support groups, parent education series, and parent/family socialization activities.

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

The program targets youth ages 0-22 years diagnosed with a developmental disability and their families. The program services approximately 350 children per year.

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

Outcomes include: 85% of parents/caregivers will report reduced stress; 90% of children served will maintain or improve developmentally appropriate skills; 90% of children served will be maintained in their home after starting respite services. Outcomes are measured using pre-and post-test scores on the Parenting Stress Index and on a developmental skills assessment for the children served.

**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 in the contract?**

Standard penalties.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied



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LFIR # 1000

- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

#### 18. 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  Ext.

#### 19. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number



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*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*