

LFIR # 1083

1. Project Title	Live With LEV Bevond the Bell	

2. Senate Sponsor Tina Polsky

3. Date of Request 1/27/2025

4. Project/Program Description

LEV creates engaging experiences to connect learners of all ages, backgrounds, and abilities with Jewish culture and community. We currently run a Sunday School for children with developmental disabilities to offer them a valued place in the Jewish community. This expanded program offers these children and their typical peers a venue to interact with one another and Jewish culture in dynamic ways during afterschool and no-school day hours, when parents are in need of high quality, meaningful childcare options.

5. State Agency to receive requested funds

Department of Education

State Agency contacted? No

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

Type of Funding	Amount
Operating	75,000
Fixed Capital Outlay	0
Total State Funds Requested	75,000

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)	75,000	50%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	75,000	50%	
Total Project Costs for Fiscal Year 2025-2026	150,000	100%	

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

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

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

Yes	

No

a. If yes, indicate nonrecurring amount per year. 75,000

b. Describe the source of funding that can be used in lieu of state funding.

Private funding resources such as grants and individual and family foundation contributions.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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10. Status of Construct a. What is the currer		project?				
🔿 Planning 🛛 🤇	Design	Construction	◯ N/A			
b. Is the project "she	ovel ready" (i.e	e permitted)?				
c. What is the estimation	ated start date	of construction?				
d. What is the estimation	ated completion	on date of construc	tion?			
e. What funding stre	am will be use	ed for ongoing ope	rations a	nd 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
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		
Salary and Benefits	Program staff including Speech Language Pathologists, therapists, Special Education certified teachers, and other direct care staff.	50,000
Expense/Equipment/Travel/Supplies/ Other	Program supplies such as food, transportation, sensory equipment, iPads for communication, and art and music therapy supplies.	25,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6) 75,000		

13. Program Performance

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

The funds will be used for the expansion of an existing program to provide afterschool and no-school day services to a challenged population, specifically children with developmental disabilities and their peers.

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

We will design and deliver multisensory, relational, play-based Jewish education and engagement during these hours. Beyond education and childcare, these programs will bring opportunities for respite, growth and development, inclusive community, and confidence building.



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

Services include weekday afterschool and no-school vacation day programming that provides a safe place for childcare and an opportunity to work on socialization, gain Jewish education, and build community for neurodiverse and neurotypical children. Parents will be offered a safe, inclusive space for children of all abilities to go when there is no school. Children will receive homework help, work on life skills, enjoy multisensory programming, learn about Jewish culture, and connect with other children. Therapists will be welcomed in and given an appropriate space for the children attending to receive their therapies.

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

The program targets youth ages 5-12 years diagnosed with a developmental disability and their neurotypical peers. The program will service approximately 75-100 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: 75% of parents will feel reduced anxiety around quality afterschool and vacation day programs; 90% of attendees will gain an understanding of, and pride in, Jewish culture; 60% of participants who have this outlet after school will show better attention during school hours; 75% of the participating neurodiverse and neurotypical children will form bonds and appreciation for one another. Outcomes are measured using participatory evaluation, formative assessment, pre and post data, surveys, and anecdotal and observational data.

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 infastructure)

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
- □ 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	Sarah	Last Name	DeWoskin
b. Organization	LEV		
c. E-mail Address	sarah@livewithlev.org		
d. Phone Number	(610)780-6750	Ext.	

18. Recipient Contact Information

a. Organization LEV	
b. Municipality and County	Broward
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	Sarah	Last Name	DeWoskin
e. E-mail Address	sarah@livewithlev.org		
f. Phone Number	(610)780-6750	Ext.	

19. Lobbyist Contact Information

a. Name	Ellyn Bogdanoff	
b. Firm Name	Becker & Poliakoff PA	
c. E-mail Address	ebogdanoff@beckerlawyers.com	



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d. Phone Number (954)364-6005

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