



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1137

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The ARC of the Treasure Coast (ARCTC) is planning to address the long-term residential needs for individuals with I/DD who are aging and developing more complex medical issues. ARCTC will develop a Quadruplex style residential home that will take advantage of the economies of scale principle to ensure acute medical needs are addressed for adults with intellectual disabilities and developmental disabilities who are aging and developing or soon to develop more complex medical needs. ARCTC would be able to provide 24-hour nursing care for these individuals. This would allow individuals to age in place as they develop more complex medical issues and avoid having them discharged to more costly nursing homes.

5. State Agency to receive requested funds

State Agency contacted? Yes No

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	57%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	14%
Other	500,000	29%
Total Project Costs for Fiscal Year 2025-2026	1,750,000	100%

8. Has this project previously received state funding? No Yes

If yes, provide the most recent instance:

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

9. Is future-year funding likely to be requested? No Yes

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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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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)?

No

c. What is the estimated start date of construction?

10/1/2025

d. What is the estimated completion date of construction?

3/31/2026

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

Florida Home and Community Based Med-Waiver funding. Local matching contributions.

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.

Advocates for the Rights of the Challenged of the Treasure Coast, doing business as ARC of the Treasure Coast, is the agency that will own and operate the Acute Healthcare Housing project. All funds received will be received by the ARC of the Treasure Coast.

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction, renovation, land development, planning, zoning, and engineering.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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

A fully accessible and functional facility will be developed and licensed by the Agency for Persons with Disabilities to serve up to twelve (12) individuals with I/DD and their specific long-term residential and healthcare needs.

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



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Land will receive zoning and land use approvals. Land will be developed with all applicable utilities. Architectural drawings and designs will be completed. Construction of fully accessible facility will commence and be completed to accommodate up to 12 residents with I/DD. Home will be mitigated to withstand hurricane force winds.

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

Up to 12 families will be able to have their adult family member live within a fully accessible home that can accommodate the acute healthcare needs for the duration of their life without having to send them to more costly nursing homes thus saving taxpayers additional expense for the long-term residential care.

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

The target population are individuals with Intellectual and Developmental Disabilities (I/DD) who are receiving Med-waiver services, or they are on the waiting list for Med-waiver services. Up to 12 individuals/families will be served through this project and once an individual vacancy becomes available, another person/family will be able to fill the vacancy.

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

Up to 12 families will be able to have their adult family member live within a fully accessible home that can accommodate the acute healthcare needs for the duration of their life without having to send them to more costly nursing homes thus saving tax payers additional expense for the long term residential care.

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?

The contracting agency could consider revocation of the organization's license if they fail to meet deliverables.

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:



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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 **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



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d. Phone Number

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