



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1145

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To provide adaptive and inclusive therapeutic programs for developmentally disabled and low-income youth/at-risk youth. Therapeutic components include functional life skills, communication and social skills, gross and fine motor skills, health, wellness, fitness and character building. An instructional component is incorporated into the program to train certified racquet sports professionals and certified therapists to serve these individuals in this 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	450,000
Fixed Capital Outlay	0
Total State Funds Requested	450,000

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)	450,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	75,000	11%
Other	150,000	22%
Total Project Costs for Fiscal Year 2025-2026	675,000	100%

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	200,000	106	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.

Fundraising, grants, donations and fees for services.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1145

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
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	Director of FL Programs, Assistant Director of FL Programs, Director of Clinical Services, Director of Training & Educational Development	150,000
Expense/Equipment/Travel/Supplies/Other	Modified Racquet Sports Equipment, Uniforms, Background Screenings	80,000
Consultants/Contracted Services/Study	Certified Therapists (Speech/Occupational/Physical/ABA), Staff Training & Educational Development, Curriculum and Data Reporting, Accounting	220,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		450,000

13. Program Performance

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

To provide adaptive and inclusive therapeutic programs for intellectually/developmentally disabled and low income/at-risk youth and to train certified tennis professionals and certified therapists to serve these individuals. Establish Florida as an international hub for adaptive/inclusive sports.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1145

Funding will expand life skills, community inclusion, and independence of individuals with ASD and DD. LSA teaches social communication and adaptive behavior on the tennis court, strengthening skills for community settings such as the workplace and social gatherings. Funding will provide for coordination, training of coaches and therapists (and college students in training), and outreach/inclusion of under-represented populations, including individuals who would not otherwise have access to these (and other) opportunities for inclusive, individualized therapeutic sports. LSA will also educate companies and promote the employability of individuals with ASD and DD, helping to address our workforce demand and shortages.

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

To provide adaptive and inclusive therapeutic programs for developmentally disabled and low income youth/at-risk youth. Therapeutic components include fine and gross motor skills, communication and social skills, health, wellness, fitness and character building. An instructional component is incorporated in the program to train certified tennis professionals and certified therapists to serve these individuals in this environment. Services will include 1) training for coaches/therapists (and college students in training) on inclusive/therapeutic sports, 2) no/low cost, personalized multidisciplinary therapeutic tennis instruction for individuals with ASD and DD, 3) consultation, networking, support for families of individuals participating in LSA tennis programming, and 4) education of employers on the benefits of (and resources for) hiring individuals with ASD and DD.

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

Youth and adults with Intellectual/Developmental Disabilities and at-risk youth. 1500 individuals will be served with this project.

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

1) 85% of 1500 participants will show measurable improvements in tennis skills, fitness, adaptive behavior, social communication, and measures of well-being, according to personalized therapeutic plans/metrics. Therapists collect, monitor and report data for individualized treatment plans, tracked via HIPAA compliant electronic medical records. 2) Community/tennis participation rate of neurodiverse individuals will increase by 15% annually, increasing diversity and inclusion in Florida communities. The Flipcause registration platform will assess the number (and percentage increase) of LSA program participants per location in FL annually. 3) Family members of neurodiverse individuals will report 95% satisfaction with Florida's efforts to meaningfully enhance diversity and inclusion, according to results of brief quarterly surveys. 4) 90% of (50) employers participating in educational activities/events will report increased knowledge of the benefits of employing persons with ASD/DD.

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?

Suspension after opportunity to cure.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1145

- 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 **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)



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1145

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

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