



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1149

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

This initiative aims to convert portions of a large South Florida based resort, the Chateau Mar Golf Resort, into an inclusive, comprehensive economic hub focused on education and training, employment, and affordable housing for people with disabilities.

The primary education and training focus is on hospitality-related areas utilizing the hotel's guest rooms, ballrooms/event space, café/coffee shop, and indoor and outdoor events and recreational facilities which primarily serve the public. This model incorporates classroom-based education and hands-on work-based learning experiences throughout the facilities.

This innovative model also addresses the critical affordable housing needs of individuals with disabilities by offering short term housing while participating in the program, and beyond. The comprehensive supports ultimately improve their quality of life, promoting greater independence and community inclusion and belonging.

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	1,680,201
Fixed Capital Outlay	0
Total State Funds Requested	1,680,201

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)	1,680,201	52%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,564,992	48%
Total Project Costs for Fiscal Year 2025-2026	3,245,193	100%

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

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?** 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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Enterprise revenue, foundation support and fundraising

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)?

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	Allocation of salaries and benefits for program and culinary enterprise staff	1,049,544
Expense/Equipment/Travel/Supplies/Other	Program and Enterprise expenses which may include mileage reimbursement, start up program costs, DRIVE program expenses, consumable program supplies, travel and meeting expenses, transportation assistance, stipends, start up and ongoing catering and kitchen supplies, employee recruitment expenses, start up technology, communication expenses, MIS expenses, marketing expenses, insurance, overhead, etc.	605,657
Consultants/Contracted Services/Study	Start up curriculum development consulting	25,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,680,201

13. Program Performance



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

- Dignified employment in hospitality careers and related microenterprises.
- Quality education and training focused on careers in the growing hospitality industry.
- Accessible and affordable housing embracing personal improvement and growth.
- Revenue generation through event hosting and café retail operations for sustainability and replication.
- Cultivation of partnerships with local businesses and stakeholders for meaningful externship and post-program career opportunities.
- Community engagement focused on the greater meaning and understanding of the impact of the initiative.

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

The program will provide a blend of classroom instruction and hands-on externship experience, ensuring participants gain the skills and knowledge necessary to succeed in these high-demand fields. Additionally, participants who meet eligibility criteria will have the opportunity to complete a 3-month paid internship, post program completion, providing real-world job experience, and enhancing their employability in the job market. By creating this pathway, we aim to not only meet the growing demand for workers in hospitality and event operations but also to offer a sustainable, inclusive solution for employers seeking dependable, qualified employees.

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

Occupational skills instruction in various hospitality roles including event set up/server/breakdown, housekeeping, cafe retail operations, luggage porter, recreation/leisure and front desk guest services. Students will also receive vocational case management, financial literacy education, independent living skills instruction/supports, employment placement, coaching and follow along supports.

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

Individuals with disabilities residing in Broward, Palm Beach and Miami-Dade counties are eligible to enroll in the program. We expect to serve between 50 - 100 students.

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

Our mission is to provide comprehensive education & training, employment, and housing opportunities for people with disabilities, empowering them to achieve personal improvement and participate more inclusively in their community. Our values are to create a supportive, collaborative community where individuals with disabilities thrive in fulfilling employment within the hospitality industry, coupled with critically needed affordable housing and supportive services.

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?

Notice and reasonable time 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



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- 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 **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



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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

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