



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1155

1. **Project Title** Dreamable Program: Transition Support for Individuals with Special Needs in Central Florida

2. **Senate Sponsor** Tom Wright

3. **Date of Request** 2/13/2025

4. **Project/Program Description**

To support caregivers and individuals with disabilities transitioning into adulthood, Dreamable covers employment skills, college and vocational training, day programs, government benefits, social skills, vocational rehab, housing, and guardianship. Offered as an online workshop and video library, it provides expert insights. Dreamable ensures that families access these vital tools, empowering individuals to live independent, purposeful lives.

5. **State Agency to receive requested funds** Agency for Persons with Disabilities

**State Agency contacted?** No

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

Type of Funding	Amount
Operating	349,500
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>349,500</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)	349,500	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>349,500</b>	<b>100%</b>

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?** No

a. **If yes, indicate nonrecurring amount per year.**

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

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



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**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	1 Full Time Program Manager (Growing Relationships, managing performance and assets)	40,000
Other Salary and Benefits	3 Full Time Employees: 1 Program Representative (Travel, Presentations) 2 Program Support (Administrative, clerical and care	96,000
Expense/Equipment/Travel/Supplies/Other	Travel expenses, Printed Workbooks, Tech maintenance, Online platform to support approximately 7,500 individuals	213,500
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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>349,500</b>

**13. Program Performance**

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

To support caregivers and individuals with disabilities transitioning into adulthood. The purpose is to connect these families with government programs and private programs for them find relevant information in time sensitive situations and to allow the government programs to be better utilized.

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



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The Dreamable project will act as a bridge to do outreach to Private and Public School systems to ensure that all children attending any ESE classes will be offered access to this program and the information relevant to other government programs.

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

Access to caregiver consultants for one-on-one advice and resource coordination, as well as the Dreamable Video Library, which includes access to employment skills, college and vocational training, day programs, government benefits, social skills, vocational rehab, housing, and guardianship. Offered as an online workshop and video library, it provides expert insights. Dreamable ensures that families access these vital tools, empowering individuals to live independent, purposeful lives.

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

Students who have a diagnosis of any disability who currently attend private or public schools in Orange, Seminole, Lake, Volusia, or Brevard Counties. We anticipate being able to serve more than 2,000 families in the project timeline.

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

1. Improve physical health (Access to health programs and therapies) Follow-up surveys  
Partner with healthcare providers to track referrals made through the program.
2. Improve mental health (Parental confidence, referrals to mental health services) Use standardized mental health scales (e.g., caregiver stress scales) to measure changes in stress and well-being.
3. Improve Quality of Education. Survey
4. Enhance Self-Sufficiency-Track the number of families connected to programs like Vocational Rehabilitation, housing assistance, and guardianship services.
5. Increase Economic Activity FUTURE: Reduced Dependency on Public Benefits: Measure the percentage of participants who report reduced reliance on government assistance

**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?**

Return of Funds

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
- No
- No, but intends to apply

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



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**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)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**



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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.*