



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1448

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

To provide the opportunity for young adults with IDD's, ages 18 years and older, to live in safe, accessible and affordable housing and gain the daily living skills need to live semi-independently. NFSSE would provide the support systems for these young people with an education curriculum that involves daily living skills like grocery shopping, washing clothes, food preparation, transportation, and social skills.

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	750,000
Total State Funds Requested	750,000

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)	750,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	750,000	50%
Total Project Costs for Fiscal Year 2025-2026	1,500,000	100%

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	500,000	249A	No

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

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

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

Private fundraising efforts

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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Fiscal Year 2025-2026

LFIR # 1448

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? 1/1/2026

d. What is the estimated completion date of construction? 1/1/2027

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

Private fundraising efforts

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.

Not for Profit 501c3

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	Site work/planning and construction of transitional housing for program participants located on sub-leased property.	750,000
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

To provide the opportunity for young adults with IDD's, ages 18 years and older, to live in safe, accessible and affordable housing and gain the daily living skills need to live semi-independently. NFSSE would provide the support systems for these young people with an education curriculum that involves daily living skills like grocery shopping, washing clothes, food preparation, transportation, and social skills.

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

NFSSE has designed two, 4-week summer programs in July 2025 and June 2026, in conjunction with Jacksonville University to provide transitional housing and independent living education to NFSSE graduates.



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1448

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

Education is provided onsite in a controlled environment that provides the skill training that is needed to learn semi-independent living. Repetition of daily living skills is important for people with IDD's.

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

The developmentally and physically disabled. Approximately 100-200 individuals.

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

NFSSE Program/Education provides the resources for a successful transition to long term independent and semi-independent living for postgraduate students.

Percentage of program participants who successfully transition to independent/semi-independent living.

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?

Penalty- Money per day due to not meeting the minimum requirements as provided.

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#:

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1448

- 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

d. Phone Number



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LFIR # 1448

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