



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1462

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Following Hurricane Milton, the main Primrose Center campus and several of our group homes for individuals with intellectual and developmental disabilities sustained significant damage. Our goal is to establish a safe and secure home for our residents, providing them with protection and stability in the face of any disaster.

5. State Agency to receive requested funds

State Agency contacted?

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

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operating | 250,000 |
| Fixed Capital Outlay | 1,250,000 |
| Total State Funds Requested | 1,500,000 |

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) | 1,500,000 | 71% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 600,000 | 29% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2025-2026 | 2,100,000 | 100% |

8. Has this project previously received state funding?

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?

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

10. Status of Construction



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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?

05/01/2025

d. What is the estimated completion date of construction?

12/31/2026

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

Funding for ongoing operations will be supported by Primrose Center, Orange County Government, the City of Orlando, corporate sponsorships, and private individual donors.

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.

Primrose Center is a non-profit, 501(c)(3) organization dedicated to serving adults with intellectual and developmental disabilities. It operates without an owner and is governed by a Board of Directors, who have appointed a CEO to oversee day-to-day operations on their behalf.

12. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|--|---|------------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Administrative expenses will cover tasks such as organizing the bidding process, selecting a general contractor, overseeing construction management, and related coordination activities. | 10,000 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| Salary and Benefits | Construction liaison personnel | 55,000 |
| Expense/Equipment/Travel/Supplies/Other | Administrative expenses will encompass organizing the bidding process, selecting a general contractor, and managing construction. Additional funding is also requested for essential resources, including a truck, trailer, natural disaster recovery tools, and other equipment necessary to support disaster response and recovery efforts. | 85,000 |
| Consultants/Contracted Services/Study | Design and architectural services, as well as fees for the general contractor and subcontractors. | 100,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | The project includes the installation of hurricane-rated windows and doors, generators with secured fuel cabinets, water and wind mitigation devices, and comprehensive roof and structural enhancements to support the added wind and water protection measures. | 1,250,000 |
| Total State Funds Requested (must equal total from question #6) | | 1,500,000 |

13. Program Performance

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

The Primrose Campus and Group homes would be designated as official hurricane shelters.



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

Securing a designated location during national or public disasters ensures that individuals reliant on electric wheelchairs, life-support devices, or refrigerated medications have access to a safe environment. This vital support guarantees their health, safety, and well-being are prioritized during times of heightened stress and uncertainty.

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

This project ensures that individuals reliant on electric wheelchairs, life-support devices, or refrigerated medications have access to a safe environment. This vital support guarantees their health, safety, and well-being are prioritized during times of heightened stress and uncertainty.

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

Adults with intellectual and developmental disabilities in Central Florida. This project will positively impact up to 500 citizens. Specific populations include: Poor mental health, poor physical health, elderly, jobless individuals, economically disadvantaged persons, and physically disabled.

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

Our goal is to ensure that 100% of Primrose Center's residents and clients are safe and secure before any major storm or disaster occurs.

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 need for a hurricane shelter specifically designed for adults and families with intellectual and developmental disabilities is critical. Additionally, our five group homes should also function as shelters for this vulnerable population. To ensure safety and compliance, all structures must be fortified against natural disasters to meet the operational standards required by state agencies. Failure to do so could result in closures, injuries, or significant negative impacts on well-being.

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

a. Name



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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.