



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1467

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Quest operates Camp Thunderbird providing opportunities for individuals with developmental disabilities to participate in a summer camp with sessions of 7-12 days. To meet the specialized dietary needs and proper nutrition for individuals with a wide variety of disabilities, a functional kitchen is required. The kitchen at Camp Thunderbird is over 20 years old with no prior updates, making proper nutrition challenging. These funds will provide for new goods and equipment and thereby proper nutrition.

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	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	79%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	135,000	21%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>635,000</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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Kitchen appliances such as (but not limited to) stove, ovens, walk in freezers, refrigerators, coolers, dishwashers, cooking utensils, microwaves, pots, pans, trays, tableware, nutritious meals for persons with disabilities, etc.	500,000
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>500,000</b>

**13. Program Performance**

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

Quest operates Camp Thunderbird providing opportunities for individuals with disabilities to participate in a summer camp with sessions of 7-12 days. To meet the specialized dietary needs and proper nutrition for individuals with a wide variety of disabilities, a functional kitchen is required. The kitchen at Camp Thunderbird is over 20 years old with no prior updates, making proper nutrition challenging. These funds will provide for new goods and equipment; thereby proper nutrition.

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



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Three meals per day are provided to persons with disabilities attending Camp Thunderbird. The kitchen items will allow meals to be provided in various textures (chopped, ground, pureed, etc.) and meet a growing need for dietary restrictions (gluten-free, lactose-free, diabetic consistent, vegetarian, etc.). Persons with disabilities with a wide variety of nutritional needs will be served.

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

Direct services consist of 13 to 15 weeks of overnight activities for individuals with disabilities from across the state of Florida. During the balance of the year Quest provides weekend activities for individuals with disabilities from central Florida and surrounding regions. These funds will provide the proper nutrition to this very vulnerable population.

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

Persons with disabilities, serving over 800 individuals statewide.

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

1) Increased number of individuals attending who have specialized dietary needs, serving a wider population of persons with disabilities; Outcome: number of meals prepared with a specialized texture or ingredient restrictions will be recorded. 2) Experience of camp helps improve mental health for those with disabilities and their care givers; Outcome: Reports of improved mental health from attendees. 3) Increased number of individuals with disabilities will be able to participate in the summer camp experience due to the ability to feed a larger number of individuals; Outcome: total number of meals prepared will be recorded.

**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?**

If we fail to meet deliverables or performance measures, the penalties would result in cancellation of the project.

**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:**



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**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**

**b. Firm Name**

**c. E-mail Address**



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d. Phone Number

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