



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1585

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

**4. Project/Program Description**

CABA Pro Bono's Special Needs Legal Assistance Program provides free legal services to neurodivergent individuals with developmental and intellectual disabilities and their families regarding the legal mechanisms necessary for a parent or caregiver to continue to support their child's decision-making in key areas such as medical, financial, and education after the child's eighteenth birthday. The Program provides alternatives to traditional legal guardianships for individuals that require decision-making support but are still able to make some decisions over their daily lives. The Program assists a vulnerable population of our community with the necessary legal documentation, court proceedings, and support required to exercise the fundamental right to seek and retain employment, access medical care, and pursue education.

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	150,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>150,000</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)	150,000	6%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	577,400	26%
Other	1,514,250	68%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>2,241,650</b>	<b>100%</b>

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.**
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### 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Director of Operations and admin assist. to perform the admin functions of the Program including but not limited to accounting, HR, record keeping, and grant reporting. Director of Pro Bono Services is responsible for recruiting and mentoring attorneys in the community to provide pro bono legal services. Director of Advocacy responsible with supervising grant compliance and delivery of services.	30,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Fund requested will help pay for the salary and benefits for a full-time attorney and a full-time paralegal to provide direct legal services and representation.	110,000
Expense/Equipment/Travel/Supplies/Other	This amount will be used to help cover court fees and other litigation costs including Court reporters, translators, and process servers. This amount will also be used to help cover parking, telephone/internet, and office supplies.	10,000
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>150,000</b>



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**13. Program Performance**

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

This amount will be used to help cover court fees and other litigation costs including Court reporters, translators, and process servers. This amount will also be used to help cover parking, telephone/internet, and office supplies.

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

Attorneys and paralegals employed by CABA Pro Bono for this Program, will conduct outreach, legal educations presentations on the relevant legal topics, legal Counsel and Advice, legal document/form preparation and direct legal representation to neurodiverse individuals and their families.

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

CABA Pro Bono's legal services include not only guardian advocate petitions and proceedings but also the preparation of power of attorney forms, designation of healthcare surrogate forms, privacy waivers for healthcare and education as well as supported decision making agreements.

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

This project serves: economically disadvantaged persons, at-risk youth, developmentally disabled persons. With the expectation to serve between 200-400 citizens.

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

This project will help to cover court costs and litigation fees for disadvantaged citizens to provide quality representation.

**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 deliverables are not met, money can be deducted from the total amount due as detailed in the final contract with the State.

**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.**



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#### 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.*