



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1692

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Gaining Purpose and Stability - GPS Program for Individuals with Disabilities at HabCenter provides individualized responsive wraparound programming for people with disabilities to gain the skills needed to grow socially, psychologically, and mentally, and to empower them to live with purpose, dignity and respect. HabCenter was built in 1978 and serves 200 clients with developmental training, occupational therapy, special education, and mental health services. Our skilled team is the key to providing exceptional services, including recreational programs and vocational skills. We will hire Programming staff to enrich our service offerings.

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	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	34%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	200,000	22%
Local	225,000	25%
Other	175,000	19%
Total Project Costs for Fiscal Year 2025-2026	900,000	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		
2023-24	0	175,000	243A	No

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
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	Funding to hire Program Manager, social workers, direct support staff, teachers, technicians, mental health professionals and instructors. And implement client scheduling and activities program with robust and enriching programs. Our dedicated and committed employees, drives program success.	300,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000

13. Program Performance

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



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HabCenter, established over 46 years empowers individuals with disabilities and mental health challenges to lead productive lives. The Center serves approx. 200 clients with neurodiversity. The GPS Program helps us to further address life skills development, mental health, educational, and recreational skills. These funds, will help its operations, provide critical needs to employee skilled employees in social work, mental health, occupational therapy, programming, case workers and teachers. Our services are invaluable to loved ones.

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

Comprehensive, individually tailored life skills building, developmental training, create connections, build creative confidence and inspire clients, programing that provide sufficient skills and knowledge to increase the capability of people with disabilities in areas of self-help, adaptive, social skills, or secure/maintain competitive jobs in the community. Program will serve over 200 clients.

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

Gaining Purpose and Stability - GPS Program provide direct services to people with unique abilities and mental wellness needs such as vocational training, continuing education, social and recreational activities, independent living skills training, and advocacy and support services, financial literacy.

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

Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, Developmentally disabled, Physically disabled, and Victims of crime. 101-200 individuals served.

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

Gaining Purpose and Stability (GPS) Program: Develop social skills, improve communication skills, and improve coping skills and conflict resolution and other social skills. Provide a sense of purpose, connectivity and personal and professional development. Program will be measured using Self assessments and direct service professional assessments. We also teach over 200 clients about healthy eating and nutrition. Eg. clients might learn about the importance of eating a balanced diet and getting enough exercise, playing team sports, etc.

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?

Implementation of Corrective Action Plan.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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



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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
- 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



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f. Phone Number Ext.

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.