



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1693

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Support individuals with disabilities; enhance their self-advocacy, adaptive, vocational, work preparation and/or social skills through instruction and/or hands-on training. Funds would be used to maintain or expand a degreed, credentialed and professional staff with skill sets required to provide services listed above; with decreasing/limited funding, the opportunity for people with disabilities to learn life skills and become vocationally/economically independent will not occur.

5. State Agency to receive requested funds

State Agency contacted? No

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

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operating | 300,000 |
| Fixed Capital Outlay | 100,000 |
| Total State Funds Requested | 400,000 |

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) | 400,000 | 75% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 35,000 | 7% |
| Local | 25,000 | 5% |
| Other | 70,000 | 13% |
| Total Project Costs for Fiscal Year 2025-2026 | 530,000 | 100% |

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

| Fiscal Year (YYYY-YY) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2024-25 | 0 | 250,000 | 28 and 38A | No |

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)? Yes

c. What is the estimated start date of construction? 11/01/2025

d. What is the estimated completion date of construction? 06/01/2026

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

Revenue from business operations and fundraising campaigns will be used to fund ongoing maintenance and sustainability for the program.

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.

HabCenter Boca Raton

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 | Salary and benefits expenses for Supported Employment employees along with pay for part-time employees, will increase the number of clients we can serve through the program. This investment in personnel will enhance our capacity to provide comprehensive employment services and support. | 230,000 |
| Expense/Equipment/Travel/Supplies/Other | Training and supplies are essential for expanded community outreach and job coaching. Necessary equipment and tools for employment training will support clients with developmental differences and mental health challenges. Comprehensive behavioral and mental health services will be ensured through technology upgrades, marketing materials, program supplies and equipment, other resources, etc. | 70,000 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | The building, constructed in 1978, requires critical renovations including engineering upgrades, AC system improvements, and the addition of workforce training classrooms, sensory programming areas, administrative renovations, etc. These enhancements will modernize the facility and better support our program's needs and expansion. | 100,000 |
| Total State Funds Requested (must equal total from question #6) | | 400,000 |



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13. Program Performance

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

To improve the quality of education is the development of a vetting and training program by HabCenter in conjunction with Voc Rehab. This program equips unemployed individuals with the necessary abilities and workforce training to enhance their employability, benefiting both the individual candidates and their employment partners. Program measurement involves an intake process with each client to determine the type of support needed, to includes resume writing, job search assistance, job placement, job development, interview skills training, and mock interviewing. Progress and success will be tracked through regular assessments.

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

Comprehensive, individually tailored pre-vocational and vocational training, or support services aim to equip 200 individuals with disabilities with the necessary skills and knowledge to enhance their self-help, adaptive, and social skills, ultimately enabling them to secure and maintain competitive jobs within the community.

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

Provide an opportunity for people with lifelong disabilities and mental health issues to become vocationally and economically independent through instruction and/or hands-on training related to each client's individual educational goals, as well as vocational work preparation services.

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

Disadvantaged persons, developmentally disabled, physically disabled, 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?

Eligible clients and referrals from VR will participate in workforce training to acquire the skills necessary to enhance employability for industry-specific employers in the area. Recent partners include Publix, Fresh Market, South County Mental Health, Sprouts, HomeGoods, GMS Connect, and Advantage Solutions. The monitoring process includes progress reports, weekly or biweekly worksite visits, and employer support

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?

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



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- 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
- 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



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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

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