



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1739

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This program builds upon existing innovative practices by integrating therapeutic interventions specifically designed for individuals with developmental disabilities into programs tailored to their needs. The mental wellness team will provide essential support services that promote educational success, workforce opportunities, and greater independence. The program will benefit hundreds of young people with developmental disabilities in Tampa Bay who will gain access to critical mental wellness resources, helping them thrive in school, work, and daily life. Additionally, this initiative will serve as a model for other organizations looking to enhance support systems for this population.

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	281,000
Fixed Capital Outlay	0
Total State Funds Requested	281,000

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)	281,000	85%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	50,000	15%
Total Project Costs for Fiscal Year 2025-2026	331,000	100%

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.**



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1739

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	1 full time mental health professional and 2 part time program assistants to support the rollout and capacity building for this program supporting young people with developmental disabilities.	170,000
Expense/Equipment/Travel/Supplies/Other	Start up program expenses include; training equipment, facility modular space, supplies, staff education, utilities	86,000
Consultants/Contracted Services/Study	Program Development, Program Enhancement, Bookkeeping, Marketing, Communications, Supplies	25,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		281,000

13. Program Performance

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



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Fiscal Year 2025-2026

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This program aims to integrate mental wellness and therapeutic interventions into adult day programs, schools, and vocational rehabilitation initiatives, ensuring that individuals with developmental disabilities receive critical support services to enhance their overall well-being, independence, and community engagement. By providing on campus services, the funds will help remove barriers such as transportation and the availability of developmentally appropriate health services.

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

This program will provide comprehensive mental wellness and therapy support. These will be provided in adult day programs, schools, & vocational rehabilitation via group and individual therapy, designed to meet their unique needs, & ensure that individuals with developmental disabilities receive the critical services. The employee & staff pay will be reimbursed through provision of services.

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

The program will offer on-site mental health counseling, creative arts therapy, and social skills coaching to help individuals develop emotional resilience, improve communication, and build relationships. Therapy services will be integrated into workforce readiness programs, providing mental health support within vocational training to help individuals gain confidence & develop independence.

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

The target population is students and young adults with developmental disabilities. This program will serve over 100 individuals with developmental disabilities and 12-32-years-old.

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

By infusing mental health into programs designed for young people with developmental disabilities, our participants will have improved mental and physical health, education, transportation conditions, job opportunities and enhance their economic self sufficiency. We will analyze these outcomes through pre and post participant assessments, parent surveys as appropriate, and therapist feedback checklists.

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?

Return funding back to the agency.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1739

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

f. Phone Number Ext.



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1739

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.