



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1799

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

4. Project/Program Description

The WOW Center is a nonprofit adult day training center in Miami, providing education, life skills, and vocational training for adults with developmental disabilities aged 21 and older. With a focus on independence and workforce readiness, the center serves over 200 individuals, helping them build skills for meaningful employment and community engagement. Additionally, our Wellness program supports aging and low-mobility individuals with tailored activities that promote engagement and enhance their quality of life.

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	822,531
Fixed Capital Outlay	250,000
Total State Funds Requested	1,072,531

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)	1,072,531	54%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	78,994	4%
Local	62,500	3%
Other	787,535	39%
Total Project Costs for Fiscal Year 2025-2026	2,001,560	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	940,000	28	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)?

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?

The WOW Center will rely on a combination of funding streams for future ongoing operations and maintenance, including Medicaid waiver funding, private donations, corporate sponsorships, and fundraising events. The WOW Center will continue to seek grants and community partnerships to sustain and expand its programs while ensuring long-term financial stability.

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.

There are no owners, this is a nonprofit organization.

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	Program Management	39,191
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Community Based Education, Life & Community Skills, Social Services, WOW Workforce Program, Wellness Program (aging & low-mobility population)	726,383
Expense/Equipment/Travel/Supplies/Other	Software, equipment lease, auto insurance	29,357
Consultants/Contracted Services/Study	Accounting	27,600
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Main Campus Capital/renovation	250,000
Total State Funds Requested (must equal total from question #6)		1,072,531

13. Program Performance

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

The funds will be used to enhance daily educational programs and pre-employment training for adults with developmental disabilities, ensuring they gain essential skills for greater independence. Serving individuals through end of life, we provide structured training and hands-on learning opportunities to prepare them for meaningful community integration and employment readiness. We also offer a specialized program for our aging population and individuals with low mobility, ensuring they receive the support needed to maintain engagement and quality of life.



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

The funds will enhance daily educational programs and pre-employment training for adults with developmental disabilities, serving individuals aged 21 and older. Our goal is to equip them with essential skills through structured training and hands-on learning, preparing them for successful community integration and an improved quality of life.

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

The requested funding will support direct services, including daily educational programs, pre-employment training, and hands-on learning experiences for adults with developmental disabilities. These comprehensive services will focus on enhancing life skills, job readiness, and community integration, ensuring that each individual has the tools needed to thrive. Through personalized instruction, individuals will develop greater independence, confidence, and the ability to navigate real-world situations. By fostering long-term success, these programs will empower individuals to achieve their fullest potential, whether through meaningful employment, volunteer opportunities, or greater self-sufficiency in their daily lives.

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

The program will serve approximately 200 adults with developmental and intellectual disabilities, ranging in age from 21 and older. These individuals often face significant barriers to employment, and this initiative will provide the necessary education and training to bridge that gap.

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

This project aims to enhance independence and community integration for adults with developmental disabilities through structured training and hands-on learning. Success will be measured using personal outcome assessments, functional evaluations, and community participation tracking. Regular feedback from individuals, families, and employers will provide insight into program effectiveness. These measures will ensure individuals gain essential skills for meaningful employment and improved quality of life.

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?

Nothing beyond standard penalties.

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

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.