



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1826

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The project equips people who have disabilities and their families with the tools, skills, and knowledge to overcome adversity and live full, productive lives. The care coordination & case management component connects families to vital community resources, targets mental health service gaps, provides a 24/7 crisis line, and builds self-sufficiency. We will offer community education programs on Jewish history and culture, alongside programs to recognize and combat antisemitic rhetoric and actions. These initiatives are crucial in fostering understanding, resilience, and allyship, ensuring that both Jewish and non-Jewish communities stand together against hate and misinformation.

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	2,250,000
Fixed Capital Outlay	0
Total State Funds Requested	2,250,000

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)	2,250,000	49%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	550,000	12%
Other	1,800,000	39%
Total Project Costs for Fiscal Year 2025-2026	4,600,000	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		
2024-25	0	1,800,000	246A	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	Director salary plus benefits dedicated to the project	167,932
Other Salary and Benefits	Other administrative salaries plus benefits dedicated to the project	156,042
Expense/Equipment/Travel/Supplies/Other	Equipment, Travel, conference & Meetings	102,000
Consultants/Contracted Services/Study	Manage and develop data system, programs, accountants, audit, and software systems	278,476
Operational Costs		
Salary and Benefits	Base salary, FICA/MICA, and health insurance for staff. Staff direct and manage respite care, social and recreational activities, life skills training, community outreach and safety, familial support, and mental health services, training to fight antisemitism	484,470
Expense/Equipment/Travel/Supplies/Other	Occupancy, utilities, security, transportation, marketing & outreach, office equipment, equipment rental, field trips, entertainment & workshops, meetings, insurance, supplies, food, catering, and other (subscriptions, conferences, maintenance, cleaning, gifts)	842,093
Consultants/Contracted Services/Study	Providers, therapists, specialists, trainings, and logistics	218,987
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,250,000

13. Program Performance

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



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

Teenage and adult mentors befriend children & adults with disabilities and provide support and encouragement across after-school activities, daily activities, and weekend activities that include athletics & cultural arts.

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

Case management provides counseling, resource referral, and community connections that foster inclusivity and acceptance of individuals with special needs and their families. Funding provides continuation of mental health & crisis line, as well as respite for parents/caregivers.

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

Projected to serve over 800 people. The target population will include but not limited to elderly persons, persons with poor mental and physical health, persons with developmental and physical disabilities, economically disadvantaged persons, and all students including grade, high school, and university.

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

Our project improves physical health by increased nutrition, improved physical attributes and condition, and increased daily living skills to promote independent functioning. In addition, our project improves mental health by improving self-esteem and improving coping skills through reducing isolation and feeling of helplessness. Through this we increase self-advocacy skills and improve the participants sense of belonging. Our project also enriches cultural experiences by improving inter-connectivity, providing safe access for our congregants, and understanding of cultural differences in our community. All are measured by surveys, attendance logs, observations, and data analysis of programs.

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?

Penalties to include financial penalties for not meeting deliverables or performance measures.

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.