

LFIR # 1875

1.	Project Title	Vocational Pilot	Program for Sp	ecial	Needs Students		
2.	Senate Sponsor	Keith Truenow					
3.	Date of Request	2/7/2025					
4.	Project/Program D	escription					
	with disabilities, alig (ADA). Participants	ning with the Individ will gain specific sk nealth, engage in ou	duals with Disab ills for employm	oilities nent o	s Education Act (IDE. or self-employment, re	A) and the America eceive biweekly the	on tailored to individuals ans with Disabilities Act erapy and physical nships through Joshua's
5.	State Agency to re	ceive requested fu	ı nds Ager	ncy fo	or Persons with Disat	oilities	
	State Agency conta	acted? No		_			
	Amount of the Non		for Fiscal Yea	ır 202	25-2026		
	Type of Funding				Amo	unt	
	Operating					613,000	
	Fixed Capital Outlay	/				0	
	Total State Funds	Requested				613,000	
7.	Total Project Cost	for Fiscal Year 202	5-2026 (includ	ling n	natching funds avai	ilable for this proj	ect)
	Type of Funding				Amount	Percentage	
	Total State Funds R	equested (from que	estion #6)		613,000	100%	
	Matching Funds						
	Federal				0	0%	
	State (excluding the	amount of this requ	uest)		0	0%	
	Local				0	0%	
	Other				0	0%	
	Total Project Cost	s for Fiscal Year 20	025-2026		613,000	100%	
8.	Has this project pr If yes, provide the	•	•	•	No		
	Fiscal Year	Amo	ount		Specific	Vetoed	
	(уууу-уу)	Recurring	Nonrecurrir	ng	Appropriation #		
9. Is future-year funding likely to be requested?							
a. If yes, indicate nonrecurring amount per year.				100,000			
b. Describe the source of funding that can be used in lieu of state funding.							
In lieu of state funding, we plan to seek out grant opportunities and engage in fundraising activities to support our initiatives. This includes applying for relevant grants offered by foundations or non-profit organizations that share our mission, as well as launching targeted fundraising campaigns and seeking partnerships with local businesses, individual donors, and philanthropic groups							



LFIR # 1875

Complete questions 10 and 11 for Fixed Capital Outlay Projects

	Status of Cons	truction urrent phase of t	he project?				
	Planning	O Design	Construction	O N/A			
	b. Is the project	"shovel ready" (i.e permitted)?				
	c. What is the e	stimated start da	te 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			o receive, directly or rs of the facility and			tal outlay funding. Inclu	ıde the

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	Administrative Staff salary and benefits	60,000		
Expense/Equipment/Travel/Supplies/ Other	These funds will be used for equipment expenses, rent, utilities, software, office supplies, cleaning services and the purchase of a vehicle to transport students.	60,000		
Consultants/Contracted Services/Study To cover the operational costs of accountant services, legal services, and security.		30,000		
Operational Costs				
Salary and Benefits	To cover salary and benefits of Program Coordinator (to manage operations and participants), 1 social worker, 1 licensed mental health counselor (LMHC) or licensed clinical social worker.	250,000		
Expense/Equipment/Travel/Supplies/ Other	To cover costs for curriculum development, training materials, equipment for physical examinations, internship stipends, information sessions and data collection tools.	113,000		
Consultants/Contracted Services/Study	To cover salary and benefits of certified medical assistant to conduct physical exams for all participants and vocational instructors.	100,000		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6)				

13. Program Performance

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



LFIR # 1875

Provide specially designed vocational education programs to students with special needs, according to the Individuals with Disabilities Education Act for high schoolers and Americans with Disabilities Act for post-secondary participants, to prepare them in specific skills so they can be gainfully employed or self-employed with requisite skill.

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

We will design and provide three specialized vocational education programs for students with special needs: Veterinary Assistant (2 semesters), Information Technology (2 semesters), and Agricultural Assistant (4 semesters). These programs will include tailored coursework, hands-on training, and internships. We will also provide therapy, physical health evaluations, access to outdoor activities and job readiness support.

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

The appropriation project will provide direct services including vocational training programs in Veterinary Assistance, Information Technology, and Agricultural Assistance for individuals with special needs. Participants will receive hands-on training, internships, and certifications to prepare for employment. Additional services include biweekly mental health therapy, physical health evaluations every six months, and workshops to enhance social and job readiness skills.

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

At least 150 individuals will benefit from this project. The target populations include a) persons with poor mental health, b) persons with poor physical health, c) jobless individuals, d) developmentally disabled individuals, e) physically disabled individuals, f) high school students, g) bilingual individuals, and h) young adults with mental health and physical health diagnoses.

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

Our goal is to enhance employment readiness, improve physical and mental health, and promote independence for at least 150 individuals with disabilities. Employment outcomes will be measured through certification completion rates, with a target of 90%, and job placement statistics, aiming for 50% of graduates to secure internships or jobs. Physical health improvements will be tracked through biannual health evaluations, aiming for 70% of participants to show measurable progress. Mental health progress will be assessed using pre- and post-therapy surveys, with a goal of 40% reporting reduced symptoms.

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?

The contracting agency may consider reducing awarded funds if critical targets, such as certification completion or job placement rates, are not met. Additionally, the organization will develop and implement a mandatory corrective action plan with a specified deadline to address any deficiencies.

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	infastructure)						
b. Name of the natural disaster (or Executive Order # for events not under a federal declarat	ion):						
15. Has the entity applied for or received federal assistance for this project?							
☐ Yes, Applied							
☐ Yes, Received							



LFIR # 1875

□ No	
☐ No, but intends to	o apply
a. If yes, provide th	e FEMA project worksheet ID#:
b. Provide the total	project cost listed on the FEMA project worksheet:
46 Use the entity one	lied for an respined state assistance for this project (ather then this request)?
	lied for or received state assistance for this project (other than this request)?
☐ Yes, Applied	
☐ Yes, Received	
□ No	
☐ No, but intends to	o apply
a. If yes, specify the Commerce):	e program and state agency (ex. Local Government Emergency Bridge Loan, Department of
Commerce).	
17. Requester Contact	Information
a. First Name	Elizabeth Last Name Valencia
b. Organization	Joshua's House Foundation
c. E-mail Address	admin@joshuashousemissions.org
d. Phone Number	(407)946-0215 Ext.
18. Recipient Contact	Information
a. Organization	Joshua's House Foundation
b. Municipality and	d County Orange
c. Organization Ty	pe
□For Profit Entity	
☑Non Profit 501(c	:)(3)
□Non Profit 501(c	;)(4)
□Local Entity	
□University or Co	llege
□Other (please sp	pecify)



LFIR # 1875

d. First Name	Elizabeth	Last Name	Valencia			
e. E-mail Address	admin@joshuashousemissions.org					
f. Phone Number	(407)946-0215	Ext.				
19. Lobbyist Contact Information						
a. Name	None					
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.