



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1886

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This funding will accelerate the growth of the Jonathan's Landing Foundation Techtonic workforce development program, launched in 2024 to address the employment gap for neurodiverse individuals. Techtonic has exceeded expectations, with overwhelming interest from organizations and service partners driving enrollment far beyond projections. Our innovative program for neurodiverse students and adults in the mobile device repair industry has set a new standard in creating employment pathways for the underemployed. In response, second-year participation goals have been increased by over 250% and expanded geographically beyond Central Florida to three additional regions across the state, offering enhanced training, certification, apprenticeships, and employment opportunities.

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	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</b>

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)	1,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,000,000</b>	<b>100%</b>

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	1,000,000	28	No

9. **Is future-year funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

1,000,000 is needed for year-two (2025-2026). Earned income from mobile device repairs will maintain the program in future years.



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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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Salaries and benefits to include partial CEO, Program Coordinator, Program and Events Manager, 4-training coaches.	400,000
Expense/Equipment/Travel/Supplies/Other	Rent, communications, travel, office expenses, website and social media development, administrative fees.	200,000
Consultants/Contracted Services/Study	Workforce curriculum, development of Universal Design Learning (UDL), WISE certification curriculum, and management systems for compliance and data collection.	400,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

**13. Program Performance**

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



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Over 727,301 individuals with disabilities are currently excluded from the workforce, and 58% of those on the autism spectrum never gain employment. This funding builds upon our success in upskilling and training individuals with autism, empowering them to pursue new careers and addressing the national shortage of over 20,000 technicians in the mobile device repair industry. The program leverages strong relationships with industry leaders to offer Workforce Demonstrations, Custom Curriculum Training, Train-the-Trainer programs, and Apprenticeship Opportunities. In its second year, participation will expand from 140 to 400 individuals across the state, equipping them with in-demand skills, certifications, and employment pathways, while enhancing sustainability through expanded earned income models to reduce future reliance on grants.

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

The workforce development program, Techtonic is expanding its reach in central Florida and establishing three additional locations across the state. This expansion will provide neurodiverse students and adults with access to SKILL Circuit, a hands-on demonstration project for mobile device repair. Participants showing interest and aptitude will be able to enroll in the WISE certification program, which includes comprehensive training modules and curriculum designed to prepare them for industry success. Additionally, apprenticeship programs will be offered.

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

Techtonic will partner with agencies, NPO's, schools and colleges to implement our curriculum into their program. Individualized skill training, coaching, and peer mentoring along will specific skills to address fine motor skills, problem solving and critical thinking, communications and teamwork, and time management. As a result, each person will gain enhanced employability, career growth and the opportunity to be an integral part of a skilled workforce.

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

Neurodiverse students and adults with a focus on autism, jobless and economically disadvantaged. Over 400 individuals will receive services.

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

The program's success will be measured through a comprehensive evaluation process to ensure it delivers enriched cultural experiences, improves educational quality, and creates realistic pathways to economic stability and self-sufficiency. Key performance indicators will include data collected through partner and participant surveys, as well as continuous feedback mechanisms to gauge program effectiveness and participant satisfaction. Metrics will document enrollment into the WISE certification program, the completion of training modules, and the number of participants successfully entering the workforce with gainful employment. Employment outcomes will be monitored over time, including the opportunity for re-training to support long-term growth and adaptability.

**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?**

Corrective action plans and/or financial consequences will be required for noncompliance, nonperformance, or failure to achieve the minimum level services, performance and deliverables outlined in the contract.

**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?**



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- Yes, Applied
- Yes, Received
- 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



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University or College

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.*