



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2051

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

**4. Project/Program Description**

Best Buddies is a non-profit organization that creates opportunities for one-to-one friendships, integrated employment, leadership development, inclusive living, and family support for individuals with intellectual and developmental disabilities (IDD). This project will engage 6,800 participants across 140 middle and high school based chapters in Florida. Best Buddies will create one-to-one peer mentoring friendships between students with and without disabilities, provide leadership trainings and facilitate social group activities, allowing students with IDD to learn vital social skills that will help them become more independent, more integrated into their school and community, and more employable as they transition into adulthood.

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	350,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>350,000</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)	350,000	14%
<b>Matching Funds</b>		
Federal	100,000	4%
State (excluding the amount of this request)	0	0%
Local	31,925	1%
Other	2,025,940	81%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>2,507,865</b>	<b>100%</b>

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	700,000	350,000	90	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.**

In lieu of state funding, Best Buddies would have to reduce the scale of the project scope and raise funds through a combination of private dollars generated through fundraising, individual giving, and foundations.



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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	\$56,000 in recurring funds: Funds for Best Buddies International to oversee the administrative & management needs of state offices. Approximately 53% website, database maintenance, state development & training; 16% accounting; 15% HR/legal; 8% IT; 8% executive oversight of programming.	28,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	\$562,865 in recurring funds: 7.6 FTE - Program Managers in seven area offices; 2.5 FTE - Area Directors in seven area offices; 5 FTE - Program and Operations staff; 0.5 FTE State Director; FICA, Group Health, Unemployment, Workers Comp, Retirement/Other Benefits calculated at 15% of salaries	280,076
Expense/Equipment/Travel/Supplies/Other	\$81,218 in recurring funds: Staff training, staff leadership conference, student leadership conference, student leadership training day, equipment, fixed assets, evaluation, office space/utilities, delivery, postage, copies/printing, supplies, BB 360, memberships, and telecommunications.	41,841
Consultants/Contracted Services/Study	\$167 in recurring funds: Evaluation: Includes cost to perform Annual Survey of students, parents/guardians, and advisors. Includes cost to perform the survey and collect data and fee for third party evaluation, analysis, and report.	83
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>350,000</b>
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**13. Program Performance**

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

Best Buddies utilizes a one-to-one mentoring model. A typical peer is matched in a one-to-one friendship with a student with an IDD, giving these students the opportunity to learn vital social skills. Students with IDD become more independent, more integrated into their school and community, and more employable as they transition into adulthood. Typical peers gain a better understanding of the capabilities of people with IDD and promote opportunities for them to develop social and other skills within the school and surrounding community.

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

Funds will support the delivery of services through middle and high school Best Buddies chapters statewide. Best Buddies staff will recruit and manage volunteer leadership teams from these schools to create peer-monitoring friendships between students with IDD and their typical peers. Best Buddies staff will also deliver leadership training to students with and without disabilities, as well as social and recreational group activities.

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

Best Buddies will provide 13 full-time program managers to deliver direct services to school-based Best Buddies chapter participants and volunteer leadership teams, which are made up of school staff and students. Staff will also provide regional trainings and awareness activities. Area directors oversee the program staff and provide direct program support to both the schools and staff.

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

The target population is middle and high school students with and without intellectual and developmental disabilities across Florida. The project will serve 6,800 participants, ages 10-22. The project will serve students in the following counties: Bay, Brevard, Broward, Clay, Collier, Duval, Flagler, Hillsborough, Lake, Lee, Leon, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Sarasota, Seminole, St. Johns, Sumpter, and Walton.

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

Through Best Buddies, students with IDD will develop social skills and become more socially integrated into their school communities. Best Buddies conducts an annual survey to evaluate the success of our program. Our outcomes will be measured by survey results, which will indicate that eighty-five percent of Best Buddies faculty advisors surveyed will report students with IDD are more socially integrated into the school community.

**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?**

Financial consequences for each missed deliverable per quarter: \$500 per missed training and \$250 per member shortfall in quarter one; \$25 per mentoring session shortfall, \$50 per shortfall of mentees served, \$500 per missed training in quarter two; \$25 per mentoring session shortfall, \$50 per shortfall of mentees served, \$500 per missed training in quarter three and quarter four.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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):**



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**15. Has the entity applied for or received federal assistance for this project?**

- 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)



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- Local Entity
- 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.*