



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2076

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Funds are for the development of an emergency shelter for the IDD community during declared disasters. Presently, there are no emergency shelters for this population in the region. The shelter will be located on the Goodwill of SW FL Regional Opportunity Center Campus. GWSWFL serves the IDD community in the Pathways to Opportunity program and planned campus expansion includes permanent housing units for this population.

5. **State Agency to receive requested funds**

State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

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)	2,000,000	17%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	10,000,000	83%
Total Project Costs for Fiscal Year 2025-2026	12,000,000	100%

8. **Has this project previously received state funding?** No Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** No Yes

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)? Yes

c. What is the estimated start date of construction? 01/01/2026

d. What is the estimated completion date of construction? 07/30/2027

e. What funding stream will be used for ongoing operations and maintenance of the project?

Operation of Goodwill's donated retail business which supports the mission of the Agency.

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.

When complete, the facility will be wholly owned by Goodwill Industries of Southwest Florida, a nonprofit 501(c)(3) 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Costs related to filling and leveling, enhanced roof specifications and engineering and site work directly related to enhancing portion of site dedicated to special needs shelter.	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

13. Program Performance

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

Accessible Emergency Shelter for People with Intellectual and Developmental Disabilities will provide safe place for IDD community and their families to utilize during declared disasters. Goodwill of SW Florida will provide staffing and operational support.

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



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Requested funds are for the upgrades to the property necessary to provide the IDD shelter. The shelter will require a much higher standard for flood prevention and building hardening, with a significant additional cost for filling and leveling as well as other elements like enhanced roof specifications.

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

Funds requested fulfill capital needs required to complete the project. However, when complete the campus will transform into an emergency support facility during times of crisis, providing community logistical support as well as an emergency shelter for the IDD community and their families. A location above the flood plain, and the addition of a generator, will allow GW to provide services and remain open when needed the most.

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

The target population are individuals in the IDD community and their families. Goodwill of SW Florida currently provides services to this population in their Pathways to Opportunity program. Planned campus expansion also includes permanent housing units for this population. Shelter will also serve IDD community from the region, to include Lee, Collier, Hendry, Glades and Charlotte Counties.

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

Accessible Emergency Shelter for People with Intellectual and Developmental Disabilities will provide safe place for IDD community and their families to utilize during declared disasters. Goodwill of SW Florida will provide staffing and operational support for the shelter. Goodwill of SW Florida will track total number of individuals served during declared disasters.

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?

No reimbursement will be released.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No Yes

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):

Hurricane Ian

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:



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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.**

19. Lobbyist Contact Information

a. Name

b. Firm Name



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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.