



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2083

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds will construct a covered outdoor pavilion at LARC, providing individuals with intellectual and developmental disabilities a safe, accessible space for social, recreational, educational, and vocational activities. It will support physical and mental well-being, host special events and fundraisers, enhance inclusion, and expand programming - benefitting individuals with IDD, families and the community.

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	0
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	87%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	75,000	13%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>575,000</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		

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.

**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)?**

**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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Funds will be spent solely on actual cost of building the structure.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

**13. Program Performance**

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

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



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The pavilion will support individuals with IDD by hosting social and recreational activities, special events, educational presentations, fundraisers, and therapeutic programs. It will provide space for movement therapy, vocational training, horticulture education, and community engagement, The pavilion enhances inclusion, promotes well-being, and expands LARC's programming.

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

The pavilion will offer individuals with IDD a space for social, recreational, and vocational activities, promoting inclusion, health, and independence. It expands LARC's programs, fosters community connections, and provides an inclusive venue for events, education, and family engagement.

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

Developmentally disabled and their families. 200-400.

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

Expected Benefits:  
 Improved Physical & Mental Health – Encourages movement, social engagement, and therapeutic activities, reducing stress and isolation.  
 Expanded Education & Vocational Training – Supports life skills, job readiness, and hands-on learning in LARC's teaching garden.  
 Increased Economic & Community Impact – Creates job opportunities, supports fundraisers, and strengthens connections.  
 Enriched Cultural & Recreational Experiences – Provides space for arts, music, celebrations, and inclusive community events.  
 Measurement Methodology:  
 Participation Tracking & Surveys – Monitor attendance and assess physical, mental, and social well-being improvements.  
 Health & Educational Assessments – Evaluate fitness activities, vocational training outcomes, and learning progress.  
 Program & Event Logs – Record activities, events, and economic impact.  
 Feedback & Observations – Collect qualitative input from individuals, caregivers, and staff on the pavilion's benefits.

**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?**

Payment withholding - withhold a percentage of funds until deliverables are met, or corrective actions are taken.

**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.*