

LFIR # 2523

1.	Project Title	HVAC for the Bli	nd Center					
2.	Senate Sponsor	Thomas Leek						
3.	Date of Request	3/5/2025						
4.	Project/Program D	escription						
	Funding is requested provides a residential	ed to provide upgradal vocational training	de to complete the	project for the HVAC	system for the Conk dents of Florida.	lin Davis Center who		
5.	State Agency to re	ceive requested fu	nds Departr	Department of Education				
	State Agency conta	acted? Yes	•					
6.	Amount of the Non	recurring Request	for Fiscal Year 2	025-2026				
	Type of Funding			Amo	ount			
	Operating				0			
	Fixed Capital Outlay	/						
	Total State Funds	Requested			500,000			
7.	Total Project Cost f	or Fiscal Year 202	5-2026 (including	g matching funds ava	ilable for this proje	ect)		
	Total State Funds R	tequested (from que	estion #6)	500,000	24%			
	Matching Funds							
	Federal			0	0%			
	State (excluding the	amount of this requ	uest)	1,564,320	76%			
	Local			0	0%			
	Other			0	0%			
	Total Project Costs	s for Fiscal Year 20	25-2026	2,064,320	100%			
8.	Has this project pr	-	_	Yes		1		
	Fiscal Year	Amo		Specific Appropriation #	Vetoed			
	(уууу-уу)	Recurring	Nonrecurring	• • •				
	2024-25	0	500,00	00 56A	No	l		
9.	Is future-year fund	ing likely to be req	uested?	No				
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

10. Status of Construction



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Planning	O Design	Construction N/A				
b. Is the projec	et "shovel ready" ((i.e permitted)?	Yes			
c. What is the	c. What is the estimated start date of construction?					
d. What is the	estimated comple	tion date of construction?	3/30/2026			
e. What funding	g stream will be u	sed for ongoing operations	and maintenance	of the project?		
	The agency is prepared to maintain equipment with its current budget consisting of Dept of ducation grants and private funding					
		o receive, directly or indirec		ital outlay funding. Include the		
relationship t	,01110011 1110 011110					

12. Details on how the requested state funds will be expended

a. What is the current phase of the project?

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/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Control panel and air handlers for 27,000 sq. ft. building	500,000	
Total State Funds Requested (must equal total from question #6) 500,000			

13. Program Performance

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

The agency is currently installing part of a new HVAC system for the residential facility for blind individuals. The requested funds would be used to complete the project by installing the control system and the air handlers.

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

The agency will purchase the remaining equipment to finish the project. It will be installed by the contractor.

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

With the added HVAC system, the agency will be able to provide a safe and healthy environment for clients who reside in the vocational residential facility as well as all clients who use the building on a daily basis for training programs.



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

The residential program houses approximately 40 clients per year. However, the building is used for the teen as well as senior and blind babies program. The number of clients using the building is approximately 200 during the course of the year.

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

The benefit of the project will be to enhance the comfort, safety and efficiency for all student who use the building. This upgrade will provide consistent indoor air quality, better temperature control, and improved energy efficiency, ensuring a healthier and more comfortable living and learning environment.

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 state contracts impose penalties based on the number of clients served as well as units of service provided. In the event that the facility shuts down due to the HVAC system not functional, the agency will receive penalties for not meeting contract quidelines.

14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	f 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. I	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. I	f yes, provide the FEMA project worksheet ID#:
b. I	Provide the total project cost listed on the FEMA project worksheet:
16. Ha	as the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received
	No



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	□ No, but intends to	o apply					
	a. If yes, specify the Commerce):	e program and state age	ncy (ex. Loca	al Governmen	t Emergenc	y Bridge Lo	an, Department of
	Through legislative request from 2023/24						
17.	Requester Contact	t Information	7				
	a. First Name	Ronee	Last Name	David			
	b. Organization	Conklin Davis Center for	the Visually Ir	mpaired, Inc.			
	c. E-mail Address	rdavid@conklindavis.org					
	d. Phone Number	(386)258-3441	Ext.	100			
18.	. Recipient Contact Information						
	a. Organization	Conklin Davis Center for the Visually Impaired, Inc.					
	b. Municipality and	d County Volusia					
	c. Organization Ty	ре					
	□For Profit Entity						
	☑Non Profit 501(c	.c)(3)					
	□Non Profit 501(c	2)(4)					
	□Local Entity						
	□University or Co	llege					
	□Other (please sp	pecify)					
	d. First Name	Ronee	Last Name	David			
	e. E-mail Address	rdavid@conklindavis.org					
	f. Phone Number	(386)258-3441	Ext.	100			
19.	Lobbyist Contact I	nformation			-		
	a. Name	David Browning					
	b. Firm Name	The Southern Group					
	c. E-mail Address	browning@thesoutherngroup.com					
	d. Phone Number	(850)671-4401					

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.