



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2550

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Design and construction of a transportation maintenance facility at our main campus. The facility will replace our current open wall metal facility that was constructed over forty years ago. The new facility will provide transportation stability for the individuals with intellectual and developmental disabilities that we serve on a daily basis.

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	750,000
Total State Funds Requested	750,000

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)	750,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	750,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,500,000	100%

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

10. Status of Construction



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a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

07/01/2025

d. What is the estimated completion date of construction?

12/31/2025

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

Transportation provider rates provided by the Agencies for Persons with Disabilities.

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.

None.

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	Construction of a two bay transportation facility.	750,000
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

To construct a two bay transportation facility to meet the maintenance needs of approximately sixty vehicles. The vehicles are used to transport individuals with intellectual and developmental disabilities to and from school, day programming, medical appointments, group homes, etc. The Organization's current facility is outdated, unsecured and outgrown which is resulting in excess costs due to the the outsourcing of repairs and maintenance.

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

The intended purpose of the funds is to construct a transportation maintenance facility that will add stability to our maintenance department. The stability will result in less repairs and dependable transportation for our citizens with intellectual and developmental disabilities.

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



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The appropriated project will provide citizen with intellectual and development disabilities safe and stable transportation for critical daily services they receive through the Agency for Persons with Disabilities.

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

The annual target population will be the approximately 200 - 250 citizens with intellectual and developmental disabilities. These individuals would not have consistent and dependable transportation without the transportation services that we provide.

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

The project will improve the stability of our fleet which in turn ensures consistent and safe transportation services to the clients that we serve. Furthermore, it will do the following:
 1) Reduction in the number of out of service days for our vehicles.
 2) Reduction in costs associated with the outsourcing of maintenance and repair costs to outside repair shops. The savings will provide us the ability to purchase additional vehicles for our fleet.

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?

Failure to meet deliverables or performance measures will result in the funds being withheld or costs not being reimbursed.

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):

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



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- 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

c. E-mail Address

d. Phone Number



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