

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

The Sensory Center Sensory Fit Program

LFIR # 2721

3. Date of Request 3/4/2025 4. Project/Program Description The Sensory Center Inc. a sensory gym in Hernando County, provides critical support for children and teens with Aulism, focusing on adaptive Physical activities, life skills training, and healthy lifestyle education. With Autism rates rising and the provided of the possibility of the possibility of the possibility of the possibility of the health department of the possibility of the health department of the health challenges such as obesity, gastrointestinal issues, and anxiety. The Sensory Center will expand the sensory gym by incorporating adaptive equipment and gamified interventions that address the physical and health challenges. 5. State Agency to receive requested funds State Agency contacted? No 6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026 Type of Funding Qoerating Fixed Capital Outlay Total State Funds Requested 7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project) Type of Funding Total State Funds Requested (from question #6) 236,660 100% Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0 0% State (excluding the amount of this request) Fiscal Year Amount Specific Amount Specific Appropriation # Yes 1. Instal Year Amount Specific Appropriation # Specific Ap	2.	Senate Sponsor	Blaise Ingoglia							
The Sensory Center Inc, a sensory gym in Hernando County, provides critical support for children and teens with Autism, focusing on adaptive Physical activities, life skills training, and health, lifestyle education. With Autism rates rising and limited accessible health programs for Autistic children in Hernando county, the center plays a vital role in addressing the health disparity faced by this population. Hernando county has a significant low income population of families with ASD. Autism often coexists with other health challenges such as obesity, gastrointestinal issues, and health challenges. 5. State Agency to receive requested funds State Agency to receive requested funds State Agency contacted? No 6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026 Type of Funding Qperating Amount Qperating Amount Qperating Total State Funds Requested 7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project) Type of Funding Total State Funds Requested (from question #6) 236,660 7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project) Type of Funding Total State Funds Requested (from question #6) 236,660 100% Matching Funds Federal Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	3.	Date of Request	3/4/2025							
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None										
110110		None								
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LFIR # 2721

Complete questions 10 and 11 for Fixed Capital Outlay Projects

. What is the co	urrent phase of t O Design	he project? Construction	O N/A		
Is the project	"shovel ready"	(i.e permitted)?			
What is the es	stimated start da	ite of construction?			
. What is the e	stimated comple	tion date of constru	ction?		
. What funding	stream will be u	sed for ongoing ope	erations and maint	enance of the project?	
		o receive, directly or rs of the facility and		ed capital outlay fundir	ıg. Include t

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

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits	Executive Director Salary	59,660	
Other Salary and Benefits	Program Director Assistant Director	45,000	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study	Health Professionals, Personal Trainers, Nutritional Coaches, Life Coaches, health professionals as required	20,000	
Operational Costs			
Salary and Benefits	2 part time staffers	10,000	
Expense/Equipment/Travel/Supplies/ Other	Rent, utilities, adaptive exercise equipment, sensory materials, gamification training programs	102,000	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (m	ust equal total from question #6)	236,660	

13. Program Performance

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

The Sensory Center Inc has been in operation for the last three years. One of the goals is to reach new health goals and to provide a safe, engaging and supportive space where kids can improve their physical health, emotional well being and quality of life through the use of gamification in exercise. The Sensory Gym will be designed to cater specifically to the needs of kids and teens with Autism, offering tailored sensory experiences and interactive games that promote physical activity, motor skill development and social engagement.



LFIR # 2721

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

Exercise programs designed for children and teens with Autism. Socialization and meaningful friendships in our community. To teach our programs to local teens and young adults and hire them to work at the Sensory Center. Getting healthy and learning solutions to aid in this journey.

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

Group health and wellness training, support groups for caregivers, after school programs, yoga classes, life skills, and healthy life workshops, respite for our caregivers and a travel exercise activities for all the community events.

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

Children, teens and young adults with Autism and related disabilities. From grade school to young adult. More than 800 members of our community.

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

Improve the physical and mental health of the Autistic kids and teens in our community. The Sensory Center provides a safe interactive gym where friends will thrive, and get healthy, mentally and physically. We host events to promote and build lifelong friendships for kids and caregivers. Improve quality of life for everyone, caregiver respite, support groups, events that create bonds within the community. Our events bring friends from all over Hernando, Pasco and Citrus counties. To hire local teens with disabilities and coach for future careers this will strengthen local economy.

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?

	ailure to meet deliverables results in funds being returned.
4. Is t	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 infastructure)
b. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):
	s the entity applied for or received federal assistance for this project?
5. Ha	
5. Ha	s the entity applied for or received federal assistance for this project?
5. Ha	s the entity applied for or received federal assistance for this project? Yes, Applied Yes, Received

b. Provide the total project cost listed on the FEMA project worksheet:



LFIR # 2721

16. Has the entity app	olied for or received state	assistance for this proje	ect (other than this request))?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
□ No, but intends to	o apply			
a. If yes, specify the Commerce):	e program and state age	ncy (ex. Local Governme	ent Emergency Bridge Loan	, Departme
7. Requester Contact	t Information			
a. First Name	Erin	Last Name Buchanan		
b. Organization	The Sensory Center Inc			
c. E-mail Address	thesensorycenterinc@gm	nail.com		
d. Phone Number	(352)593-0993	Ext.		
8. Recipient Contacta. Organizationb. Municipality and	The Sensory Center Inc			
c. Organization Ty	pe			
□For Profit Entity				
☑Non Profit 501(d	c)(3)			
□Non Profit 501(c	c)(4)			
` □Local Entity	• • •			
□University or Co	ollege			
□Other (please sp	-			
d. First Name	Erin	Last Name Buchanan		
e. E-mail Address	thesensorycenterinc@gm	nail.com		
f. Phone Number	(352)247-0019	Ext.		
9. Lobbyist Contact I	Information		_	
a. Name	None			
b. Firm Name				



LFIR # 2721

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.