



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2722

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

The I.M.P.A.C.T. program serves families affected by disability through Inclusion, Ministry, Play, Advocacy, Community, and Training. This includes respite services for parents and caregivers of children with special needs, and family-friendly community events they are to be a part of without worry or limitations. Because the needs of this population are complex, many of the families we serve have very limited access to care and sensory inclusive/accessible events.

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	296,120
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>296,120</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)	296,120	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>296,120</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		
2023-24		250,040	240A	No

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	Executive Director Salary and benefits (59,840)	59,840
Other Salary and Benefits	Program Coordinator (30,000) Programming Assistant (30,000) Co-Executive Director (22,000)	82,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Part time support staff salaries & benefits	54,080
Expense/Equipment/Travel/Supplies/Other	Rent, facilities, utilities, related equipment which includes a refresh for our main equipment, indoor soft gym, sensory rooms, and sensory bags.	100,200
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>296,120</b>

**13. Program Performance**

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

The I.M.P.A.C.T. program serves families affected by disability through Inclusion, Ministry, Play, Advocacy, Community, and Training. This includes respite services for parents and caregivers of children with special needs, and family friendly community events they are to be a part of without worry or limitations. Because the needs of this population are complex, many of the families we serve have very limited access to care and sensory inclusive/accessible events.

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



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I.M.P.A.C.T. Program runs out of POSABILITY's "Emmalee's Clubhouse" which is a one-of-a-kind facility that allows us to connect with more underserved families and to recruit volunteers, teaching them how to interact with individuals with disabilities and their families. From here we provide support groups, after school programs, art classes, and respite programs.

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

Support groups, after school programs, art classes, a mobile sensory room, and respite programs.

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

Developmentally disabled, physically disabled, Preschool students, Grade school students, High school students. Greater Than 800.

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

Improve physical health: Providing children a space to be active who otherwise wouldn't be. Improve mental health: Offering respite and peace of mind to parents of children with special needs. We aim to support 80 families, providing 20 hours of respite weekly. Enrich cultural experience: Our Creative POSABILITY Program is an adaptive, inclusive art experience allowing children of all abilities to express themselves. Improve education quality: IEP Workshops, Support Groups, Awareness Education, and After-School Programs. Boost economic activity: Local businesses sponsor us, gaining recognition as inclusive to families affected by disability. Increase tourism: Families from outside the area spend money locally. Our mobile sensory unit attracts visitors and promotes mental health at public events. Create jobs: Part-time positions available at our facility. Enhance self-sufficiency: Financial planning workshops.

**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 will result in a return of funds to administering agency.

**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:**



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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.*