



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2789

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Ridge Area Arc needs to retrofit its Adult Day Training facility and grounds to prevent elopement and ensure safety in order to serve the area's adults with severe Autism and other related disorders on our main campus in Avon Park. The project would allow for a delayed egress system for all of the doors, a bandaging system and security measures.

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	75,000
<b>Total State Funds Requested</b>	<b>75,000</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)	75,000	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>75,000</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

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?

08/01/2025

d. What is the estimated completion date of construction?

12/31/2026

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

Ridge Area Arc will use line items in their future year's operating budget to maintain the system.

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.

Kathleen Border CEO Ridge Area Arc Inc.

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	Delayed Egress system with security badge entry and campus security measures in order to serve individuals with elopement precautions.	75,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>75,000</b>

13. Program Performance

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

The project would allow for Ridge Area Arc to serve adults with intellectual and developmental disabilities, for example those on the Autism Spectrum, in our Adult Day Training Facility safely regardless of whether they are an elopement risk.

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

Increase in the number of adults with intellectual and/or developmental disabilities that have elopement precautions in their behavior plans.

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



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Increase in the number of adults with intellectual and/or developmental disabilities that have elopement precautions in their behavior plans.

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

Adults with intellectual and developmental disabilities.

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

An increase in the number of adults with intellectual and/or developmental disabilities that have elopement precautions in their behavior plans.

**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?**

Penalty for not meeting deliverables would be repayment of the appropriation.

**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
- Yes, Received
- No
- No, but intends to apply



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a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

We received FMAP funds through the Agency For Persons with Disabilities which covered one door

**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

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