



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2790

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This program exclusively serves individuals with intellectual and developmental disabilities (IDD), providing them with essential transportation to access quality-of-life activities. This program is vital for maintaining the quality of life and independence of individuals with intellectual and developmental disabilities in the Treasure Coast community. The program offers a shared ride door-to-door service to qualified riders 24 hours a day, seven days a week.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	1,350,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,350,000</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)	1,350,000	90%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	150,000	10%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,500,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

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?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

None.

**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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	These funds will be used to contract transportation operators to trip individuals with IDD. All staff members interacting with riders, including customer service representatives, dispatchers, eligibility specialists, and drivers, receive specialized training to work effectively with IDD individuals. The program offers a shared ride door-to-door service to qualified riders 24 hours a day, seven days a week.	1,350,000
<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		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,350,000</b>

**13. Program Performance**

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

This program exclusively serves individuals with intellectual and developmental disabilities (IDD), providing them with essential transportation to access quality-of-life activities. This program is vital for maintaining the quality of life and independence of individuals with intellectual and developmental disabilities in the Treasure Coast community. The program offers a shared ride door-to-door service to qualified riders 24 hours a day, seven days a week.



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

This program exclusively serves individuals with intellectual and developmental disabilities (IDD), providing them with essential transportation to access quality-of-life activities. The program offers a shared ride door-to-door service to qualified riders 24 hours a day, seven days a week.

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

Door to door transportation for the Developmentally Disabled Community. Currently, the Advantage Ride Program has done 188,000 trips for this population on the Treasure Coast. Since 2020; 87% of those trips have been for Employment or Education/Job Training. Advantage Ride currently serves 3,888 unduplicated clients, covering 73% of the Treasure Coast's IDD population.

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

The developmentally disabled on the Treasure Coast. The program currently serves 3,888 individual clients.

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

Improve transportation conditions, Increase or improve economic activity and Enhance specific individual's economic self sufficiency. This program exclusively serves individuals with intellectual and developmental disabilities (IDD), providing them with essential transportation to access quality-of-life activities. All staff members interacting with riders, including customer service representatives, dispatchers, eligibility specialists, and drivers, receive specialized training to work effectively with IDD individuals. Currently, the Advantage Ride Program has done 188,000 trips for this population on the Treasure Coast. Since 2020; 87% of those trips have been for Employment or Education/Job Training. Advantage Ride currently serves 3,888 unduplicated clients, covering 73% of the Treasure Coast's IDD population.

**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?**

We do not believe there will be an issue meeting the deliverables for this project. The three (3) Transportation Disadvantaged Service Plans in Indian River, Martin and St. Lucie Counties all contain language that show the need for transportation services in these communities by disabled individuals far exceeds the resources available to currently meet the demand. The program is currently very successful, and we plan to keep it that way. We have received over 50 letters of support from individuals, organizations/employers, and local governments who would like to see this program funded.

**14. Is 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 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



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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

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.



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#### 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.*