



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2806

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

4. Project/Program Description

\$ 530,000 will convert two Branches of ADE, Inc., serving adults with Autism and Disabilities since 1976, to a fully ADA Accessible building, by installing an elevator per branch. Consumers/Staff/Visitors with physical disabilities will be able to access the second floor of our ADE Central, and ADE Homestead Facilities, which is only accessible through stairs. The funding will cover the cost of plans, engineering, construction of elevator shaft, elevator cab, motor controls, installation, ventilation, heating/cooling, and Building Permits, City License & Fees. This will allow additional consumers with disabilities of APD, and the manage care Pilot Program to access our facilities.

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	530,000
Total State Funds Requested	530,000

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)	530,000	17%
Matching Funds		
Federal	535,800	17%
State (excluding the amount of this request)	1,688,271	54%
Local	181,200	6%
Other	195,465	6%
Total Project Costs for Fiscal Year 2025-2026	3,130,736	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.
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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)?

Yes

c. What is the estimated start date of construction?

01/01/2026

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?

ADE has been a successful provider of services to adults with Autism and Disabilities since 1976, License & main funding source for operations is State Agency for persons with Disabilities. Additionally, we procure local grants to subsidize the cost of our operations. This one time ask will allow additional APD consumers and Wait-list consumers receiving new services through the Manage Care Pilot Program to access more areas of our Doral and Homestead facilities, with two elevators.

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.

ADE is a 501(c)3 non-profit entity. It does not have personal ownership. It is run by a Voluntary Board of Directors. The CEO has been with the company for 45 years and manages the operations of the company. No board member or management staff will receive any remuneration from these funds or project. Our non-profit owns the land and building where the construction will take place, it is nontransferable to The Board or to Management.

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:		



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Fiscal Year 2025-2026

LFIR # 2806

Construction/Renovation/Land/ Planning Engineering	Plans and Engineering \$40,000 Building Permit Processing, License, permit and DERM Fees \$30,000 Construction of Elevator Shaft and surroundings \$158,000 Interior Finishes \$27,000 Elevator Lighting and Generators \$95,000 Elevator Cab, Motor, and controls \$160,000 Ventilation, Heating, Cooling \$20,000	530,000
Total State Funds Requested (must equal total from question #6)		530,000

13. Program Performance

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

To construct infrastructure and install elevators at two of our agency's buildings, serving adults with Autism and Disabilities since 1976. This will allow additional physically challenged consumers to receive our daily Life Skills and Vocational Training in the second stories at our Doral and Homestead Facilities in Miami-Dade County. It will allow additional enrollment and additional job creation.

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

Physically Challenged consumers will access our 2nd floor to receive Academic Training in Life Skills, Vocational Skills, Companion Skills, Employability Seeking Skills, Employment on the Job-training, Community Inclusion, and Transportation will be offered in the newly accessible space with the funds from this appropriation to APD consumers and those participating in the Manage Care Pilot Program in Miami Dade County.

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

We will be able to provide programs and services to approximately 50-100 additional consumers. Some may be referred through Support Coordination Services from the wait list of The Agency for Persons with Disabilities or from Community Care-Manage Care Pilot Program.

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

The targeted population are adults with Autism, Intellectual, and Developmental Disabilities with secondary physical challenges.

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

To expand the accessibility capacity at "ADE's Miami-Dade County Central Branch & Doral Branch", which provides Life Skills and Work Development Skills Center to persons with Developmental Disabilities", located at 7330 NW 12 Street, Miami, and 200 NE 2nd Drive, Homestead. These two facilities do not have elevator services, and thus the second floor of both buildings cannot be accessed by consumers with physical handicaps. To convert these two locations fully accessible ADA compliant buildings will allow our existing curriculum and services to opened up to a broader number of consumers within our unique population. Marketing independence and a path to workforce development.

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?

ADE, Inc. commits to presenting DEO with clear outcomes and quantifiable deliverable goals and objectives that clearly define our service commitment to the program that will be funded by this Special Appropriation. Should ADE not be able to fully comply with its target goal we will accept penalty by reduction of funding, quantifiable to the percentage of the unmet goal. ADE commits to expend all funds allotted. We have a history of not lapsing funding. We realize the value of this funding.

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)



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Fiscal Year 2025-2026

LFIR # 2806

- 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

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



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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.