



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2837

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

Operating a commercial kitchen that will serve as an employment training program for the residents of Independence Landing and other members of the Tallahassee community. This program will 1) provide supportive and rehabilitation services and training for persons with intellectual/developmental disabilities; 2) seek community based, competitive employment opportunities for people in the program; and 3) advocate for supported competitive employment opportunities for people with disabilities so that they can become economically self-sufficient.

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	950,000
Fixed Capital Outlay	0
Total State Funds Requested	950,000

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)	950,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	950,000	100%

8. **Has this project previously received state funding?** Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	700,000	246A	No

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.**

Grants from non-government grantmaking bodies.



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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)?

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director (partial), Program Director (full)	120,000
Other Salary and Benefits	Health Insurance/Stipend, and Fringe	30,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Career Coaches for Bakery and Meal Program (3) at \$45k per year: \$162,000 Kitchen + Bakery Staff (Residents of IL) (10 part-time positions) at \$25k per year: \$250,000 Kitchen Assistants for Meal Programs (2): \$50,000	462,000
Expense/Equipment/Travel/Supplies/Other	Monthly food, supplies, and fuel: \$100,000 Indirect operational Costs: \$114,000 Curriculum & Learning Materials: \$44,000	258,000
Consultants/Contracted Services/Study	ServSafe Culinary Training, Testing, Certification: \$10,000 Supported Employment Assistance: \$70,000	80,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		950,000

13. Program Performance

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



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This program will 1) provide supportive and rehabilitation services and training for persons with intellectual/developmental disabilities; 2) seek community based, competitive employment opportunities for people in the program; and 3) advocate for supported competitive employment opportunities for people with disabilities so that they can become financially self-supporting.

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

Current participants will continue to hone their culinary skills in our program. New participants will complete an initial training program to learn the basics of working in a commercial kitchen (food handling, workplace safety, food prep, equipment operation, customer service, & teamwork). Once this training is completed, participants will move to food prep training, and finally customer service.

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

Utilizing a nationally accredited curriculum, residents of Independence Landing will be provided with employment training and be given the opportunity to learn and work in a commercial kitchen. Program will be expanded so other community members will be able to participate in the employment training as well.

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

Residents of Independence Landing (58) will be provided with employment training and be given the opportunity to work in a commercial bakery and kitchen. The training program will also be open to members of the community (50).

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

According to the U.S. Bureau of Labor Statistics, the percentage of working-age people with disabilities who are employed is about one-third of the percentage of people without any disability. About 50 percent of people who are employed struggle to complete their tasks due to their disabilities, according to the BLS. The outcome of this program will be individuals with disabilities who have completed vocational training, are working in their own bakery or kitchen, or are moving out into good paying jobs in the community.

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 look forward to creating accountability standards with the agency assigned to administer this funding.

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.