



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3106

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

STARability Foundation is a regional leader in providing innovative, results-driven programs for individuals with intellectual and developmental disabilities in Collier County. Our pioneering outreach program, Trailblazer Academy, offers community-based skill development experiences for adults, whether they are on a path to life enrichment or have vocational aspirations. The curriculum centers on the development of eight life skills that are important for social inclusion and greater independence. Our trained staff assess participants' skills and design individual plans to help them attain goals like career path/employment, personal finance and self-advocacy. When participants express interest in exploring career options or are ready to find a job, our growing Vocational Services program team steps in. This well-established program tackles the persistent issues of unemployment for participants with innovative, individualized vocational training and job placement opportunities.

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	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</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)	300,000	20%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,207,403	80%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,507,403</b>	<b>100%</b>

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	150,000	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.

In the event we do not receive state funding, we have support in place from fundraising funds.



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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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Allocation of salaries and benefits for the Chief Program Officer and Director of Academy Programs	50,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Allocation of salaries and benefits for 5 instructors, 5 program assistants, 2 employment consultants and 3 job coaches	140,000
Expense/Equipment/Travel/Supplies/Other	Allocation for facility rent, program expenses, van expenses, mileage and fuel	106,000
Consultants/Contracted Services/Study	Allocation of salary and expenses for one BCBA Instructor	4,000
<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>300,000</b>

### 13. Program Performance

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

To support and expand our innovative Trailblazer Academy, a community-based program for individuals with intellectual and developmental disabilities focused on life-skill development and vocational training. Our result-driven programs encompass educational, vocational and social programs fostering life enrichment and promoting greater independence and self-sufficiency to those we serve.

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



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Our research-based curriculum emphasizes life and work skill development, offering customized hands-on learning, vocational training, and job placement with coaching. The requested funds will enable us to expand our full-time day program (TBA) by adding 12 more participants, supporting staffing and program expansion costs.

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

As an approved provider for the Florida Department of Education Vocational Rehabilitation, we provide job-related trainings, career counseling, assist in interviewing, job coaching and assist in obtaining and retaining employment.

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

The population served includes: persons intellectually and/or developmentally disabled, persons physically disabled, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons.  
We expect to serve between 201 - 400 people.

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

The expected benefits and outcomes of this project include: improving physical health, improving mental health, enriching cultural experience, improving quality of education, increasing/improving economic activity, creating specific immediate job opportunities, and enhancing specific individual's economic self-sufficiency. The methodology by which these outcomes will be measured include assessing individuals in eight life-skill areas outlined by Virginia Commonwealth University, tracking experiences, tracking employment status from job seeker to placement success, and surveying the target population and caregivers.

**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?**

Corrective action plans and/or financial consequences will be required for non compliance, non performance, unacceptable performance, or failure to meet the minimum level of service or performance under the contract.

**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.*