

LFIR # 3240

1. Project Title	The Arc Gateway - Adult E	nrichmen	t		
2. Senate Sponsor	Nick DiCeglie				
3. Date of Request	3/10/2025				
4. Project/Program D	Description				
, ,	•		ltaitla ilatalla atal.a.		Unabilitian In these
locations, individua for learning and gro could be offered to promote learning, in	s operates multiple day progran ls receive training and assistan bwth. Through this project, activ adults with disabilities. These in ncrease engagement, improve on can lead fulfilling, productive	ce to kee vities woul nclusive a skill sets,	p them engaged, fos ld be enhanced so th activities would be pri and allow for transiti	ter independence a at a variety of enric marily in the comm	and provide opportunities thment opportunities unity in order to
5. State Agency to re	eceive requested funds	Agency fo	or Persons with Disat	oilities	
State Agency cont	acted? Yes				
6. Amount of the Nor	nrecurring Request for Fiscal	Year 202	25-2026		
Type of Funding			Amo	unt	
Operating				400,000	
Fixed Capital Outla	у			0	
Total State Funds	Requested			400,000	
7. Total Project Cost	for Fiscal Year 2025-2026 (in	cluding r	matching funds ava	ilable for this proj	ect)
Type of Funding	·	cluding r	matching funds ava	Percentage	ect)
Type of Funding Total State Funds F	for Fiscal Year 2025-2026 (inc	cluding r			ect)
Type of Funding Total State Funds F Matching Funds	·	cluding r	Amount	Percentage	ect)
Type of Funding Total State Funds F Matching Funds Federal	Requested (from question #6)	cluding r	Amount	Percentage 100%	ect)
Type of Funding Total State Funds F Matching Funds Federal	·	cluding r	Amount 400,000	Percentage 100% 0% 0%	ect)
Type of Funding Total State Funds F Matching Funds Federal	Requested (from question #6)	cluding r	Amount 400,000	Percentage 100%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the	Requested (from question #6)	cluding r	Amount 400,000	Percentage 100% 0% 0%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other	Requested (from question #6)	cluding n	Amount 400,000 0 0	Percentage 100% 0% 0% 0%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project product of the project of the project of the project project product of the project projec	Requested (from question #6) e amount of this request)		Amount 400,000 0 0 0 0	Percentage 100% 0% 0% 0% 0% 0%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project profit of the project provide the Fiscal Year	Requested (from question #6) e amount of this request) es for Fiscal Year 2025-2026 reviously received state fund most recent instance: Amount	ing?	Amount 400,000 0 0 0 400,000 Yes	Percentage 100% 0% 0% 0% 0% 0%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project project project project project for the first project for the first project projec	Requested (from question #6) e amount of this request) es for Fiscal Year 2025-2026 reviously received state fund most recent instance: Amount Recurring Nonrec	ing?	Amount 400,000 0 0 0 400,000 Yes Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project profit of the Local Year (yyyy-yy) 2024-25	Requested (from question #6) e amount of this request) es for Fiscal Year 2025-2026 reviously received state fund most recent instance: Amount	ing?	Amount 400,000 0 0 0 400,000 Yes Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project professed for the Local Year (yyyy-yy) 2024-25 9. Is future-year fund	Requested (from question #6) e amount of this request) es for Fiscal Year 2025-2026 reviously received state fund most recent instance: Amount Recurring Nonrec 0	ing?	Amount 400,000 0 0 0 400,000 Yes Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project professed for the Local Year (yyyy-yy) 2024-25 9. Is future-year funda. If yes, indicate in the Local Year (yys) indicate in the Local Year (yyyy-yy)	Requested (from question #6) e amount of this request) es for Fiscal Year 2025-2026 reviously received state fund most recent instance: Amount Recurring Nonrec 0 ling likely to be requested? nonrecurring amount per year	ing? urring 400,000	Amount 400,000 0 0 0 400,000 Yes Specific Appropriation # 246A	Percentage 100% 0% 0% 0% 0% 100% Vetoed	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project professed for the Local Year (yyyy-yy) 2024-25 9. Is future-year funda. If yes, indicate in the Local Year (yys) indicate in the Local Year (yyyy-yy)	Requested (from question #6) e amount of this request) es for Fiscal Year 2025-2026 reviously received state fund most recent instance: Amount Recurring Nonrec 0	ing? urring 400,000	Amount 400,000 0 0 0 400,000 Yes Specific Appropriation # 246A	Percentage 100% 0% 0% 0% 0% 100% Vetoed	ect)



10. Status of Construction

Planning

a. What is the current phase of the project?

Design

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

N/A

LFIR #3240

400,000

Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

b. Is the project "shovel ready"	(i.e permitted)?	
c. What is the estimated start da	te of construction?	
d. What is the estimated comple	tion date of construction?	
e. What funding stream will be u	sed for ongoing operations and maintenance of the project?	
. List the owners of the facility to	o receive, directly or indirectly, any fixed capital outlay fundir	ng. Include the
relationship between the owne	rs of the facility and the entity.	
. Details on how the requested s	ate funds will be expended	
Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		C
Other Salary and Benefits		(
Expense/Equipment/Travel/Supplies/ Other		C
Consultants/Contracted Services/Study		C
Operational Costs		
Salary and Benefits	Salaries and Benefits for ten staff	350,000
Expense/Equipment/Travel/Supplies/ Other	Curriculum, Program Supplies, mileage and vehicle expenses	50,000
Consultants/Contracted Services/Study		С
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		C

13. Program Performance

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

Total State Funds Requested (must equal total from question #6)

The purpose of this project is to enrich and enhance program activities provided in multiple day programs to adults with intellectual and developmental disabilities By providing these new experiences and opportunities, adults will learn and grow to their fullest potential while participating in their community.

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



LFIR #3240

Adults with disabilities will be exposed to a variety of activities, primarily in the community, that will increase their knowledge, skills and abilities. Through a specialized curriculum and using best practices, innovative approaches to life skills training will be provided to the clientele.

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

Citizens of this appropriation will receive person-centered, direct service tailored to their individual interests, needs and capabilities. Opportunities will increase interpersonal skills, improve self-advocacy, ensure health & safety, teach life skills, promote inclusivity, develop work readiness skills, provide experiential learning and increase independence.

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

The target population is adults with intellectual and developmental disabilities who require assistance in their daily routines. Between multiple programs throughout Escambia and Santa Rosa Counties, we will serve approximately 200 unique individuals. Keeping them safe in their day program indirectly impacts caregivers and family members who are able to work, volunteer or take care of personal needs while their loved one is at our program.

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

People with disabilities do not enjoy the same amount or types of experiences due to a variety of barriers such as transportation, social awareness, exposure and challenges to communication, physical ability, or behavioral appropriateness. With support, their lives can be enriched through community inclusion opportunities. Additionally, people with disabilities often have difficulty transitioning their knowledge into real world application. This project would enhance experiential learning and incorporate a community inclusion component that would allow for the greatest individualized achievements possible. Progress towards goals will be measured through assessments, self-reports and satisfaction surveys.

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 required for non-compliance, non-performance or failure to meet the minimum level of service or performance under the contract.

	the	e minimum level of service of performance under the contract.				
14	. Is t	his 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 infastructure)				
	b. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration):				
15	. Has	s the entity applied for or received federal assistance for this project?				
	□ Y	es, Applied				
	☐ Yes, Received					
		No				
		No, but intends to apply				
	a. If	yes, provide the FEMA project worksheet ID#:				



LFIR # 3240

	project co	st listed on the	FEMA proje	ect worksnee	••		1
i. Has the entity app	lied for or :	received state	accietanos f	or this projec	et (other the	n this roows	et/3
,	illed for or i	received State	assistance i	or this projec	t (other tha	ii tilis reque	S() :
☐ Yes, Applied							
☐ Yes, Received							
□ No							
☐ No, but intends to	o apply						
a. If yes, specify the Commerce):	e program a	and state agen	cy (ex. Loca	ıl Governmer	t Emergenc	y Bridge Lo	an, D
. Requester Contact a. First Name	Melissa	on	Loot Name	Pagara]	
		atoway Inc	Last Name	Rogers]	
b. Organizationc. E-mail Address		ateway, Inc.	7]	
-			ſ]	
d. Phone Number				1101			
	(000)+0+ 2	2638	EXt.	1101			
. Recipient Contact			EXt.	1101			
Recipient Contact a. Organization	Information		EXt.	1101			
-	Information	n	EXt.	1101			
a. Organization	Information The Arc Ga	n ateway, Inc.	EXt.	1101			
a. Organization b. Municipality and	Information The Arc Ga	n ateway, Inc.	EXt.	1101			
a. Organization b. Municipality and c. Organization Type	Information The Arc Gall County pe	n ateway, Inc.	EXt.	1101			
a. Organization b. Municipality and c. Organization Typ □For Profit Entity □Non Profit 501(c	Information The Arc Gall County pe	n ateway, Inc.	EXt.	1101			
a. Organizationb. Municipality andc. Organization TypePor Profit Entity	Information The Arc Gall County pe	n ateway, Inc.	EXt.	1101			
a. Organization b. Municipality and c. Organization Typ □For Profit Entity □Non Profit 501(c) □Non Profit 501(c)	Information The Arc Gall County pe (3) (3) (4)	n ateway, Inc.	EXt.	1101			
a. Organization b. Municipality and c. Organization Typ □For Profit Entity □Non Profit 501(c) □Non Profit 501(c) □Local Entity	Information The Arc Gall County pe (3) (3) (4) (4)	n ateway, Inc.	EXt.	1101			
a. Organization b. Municipality and c. Organization Typ For Profit Entity Non Profit 501(c) Non Profit 501(c) Local Entity University or Co	Information The Arc Gall County pe (3) (3) (4) (4)	n ateway, Inc.	Last Name				
a. Organization b. Municipality and c. Organization Typ For Profit Entity Non Profit 501(c) Non Profit 501(c) Local Entity University or Co Other (please sp	Information The Arc Gall County pe (3) (3) (4) (4) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	n ateway, Inc.	Last Name				

Ryun Jayer Williamson

a. Name



LFIR #3240

b. Firm Name	Oak Strategies LLC
c. E-mail Address	jayer@oak-strategies.com
d. Phone Number	(850)723-1924

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