



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3444

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

Discover Florida Vacations" aims to boost local Florida economies by bringing visitors with IDD from across the U.S. to experience the vibrant destinations of Florida, including Tampa, Miami, Daytona Beach, Orlando, and other Florida destinations. By bringing visitors from across the U.S. to Florida, we contribute to the tourism industry, supporting local businesses and generating revenue. These vacations provide invaluable opportunities for personal growth, social interaction, and the creation of lasting memories. We also offer meaningful job opportunities for individuals with IDD within our organization. We are a respected residential provider with over 40 years of experience serving 38 consumers. Our extensive experience in vacation planning for persons with IDD ensures enriching and safe travel experiences for all. We are committed to a positive and lasting impact on the lives of individuals with IDD while enriching Florida's vibrant communities.

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	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	83%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	50,000	17%
Total Project Costs for Fiscal Year 2025-2026	300,000	100%

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?** No

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)?

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Travel Coordinator: Plans and coordinates all travel logistics. \$50,000/year. Field Operations Coordinator: Provides direct on-site supervision and support services to individuals with IDD during all phases of vacation travel. \$50,000/ year. Support Aide: Persons with IDD to provide operational and customer service support. Five (5) individuals with IDD. \$10,000/year.	150,000
Expense/Equipment/Travel/Supplies/Other	Marketing & Advertising. This category covers all promotional costs, including, website design, development, maintenance, hosting, and upgrades; print design: printing and distribution of brochures, flyers, and pamphlets; mailing: postage and mailing list costs for direct mail campaigns; online ads: search engine marketing (SEM), social media.	100,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0



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Total State Funds Requested (must equal total from question #6)	250,000
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13. Program Performance

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

We are committed to creating a positive and lasting impact on the lives of individuals with IDD while enriching the vibrant communities of Florida. "Discover Florida Vacations" brings individuals with IDD from across the U.S. to experience the vibrant destinations of Florida, including Tampa, Miami, Daytona Beach, and Orlando, etc. These vacations provide invaluable opportunities for personal growth, social interaction, and the creation of lasting memories. We also offer meaningful job opportunities for individuals with IDD within our organization. These roles provide valuable skills, independence, and a sense of purpose. We want to also contribute to the tourism industry, supporting local businesses and generating revenue.

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

"Discover Florida Vacations" will utilize these funds to support accessible travel experiences for individuals with Intellectual and Developmental Disabilities (IDD). This includes funding visits to a diverse range of sites such as historical landmarks, cultural museums, and engaging parks. Services will encompass transportation, accommodations, and personalized support tailored to the individual needs of each participant. The overarching goal is to cultivate enriching travel experiences that foster exploration, learning, and meaningful community engagement while prioritizing the comfort, safety, and accessibility needs of all travel participants.

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

"Discover Florida Vacations" aims to provide welcoming travel experiences for individuals with IDD from across the nation. This will be achieved through accessible transportation, lodging options, and a diverse range of adaptive recreational activities. Services will include accessible transportation, ADA-compliant accommodations, and guided tours to Florida's renowned attractions. Comprehensive support will be provided, including on-site assistance, caregiver services, and educational programs tailored to the specific needs of each individual. The project will actively promote social integration through engaging group activities, opportunities for community engagement, and personalized support, ensuring a stress-free and memorable vacation experience for all.

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

"Discover Florida Vacations" targets individuals with IDD and their families, offering accessible travel experiences to explore Florida's diverse attractions. The program aims to serve an estimated 500-1000 individuals annually, providing access to accessible transportation, lodging, and a wide range of recreational activities. A key focus will be on enhancing social integration, fostering educational opportunities, and providing comprehensive support for families, ultimately ensuring a memorable and enriching vacation experience for all participants.

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

The primary expected benefit or outcome of this project is to significantly enhance the quality of life for individuals with IDD and their families by providing them with accessible and enriching travel experiences in Florida. This includes increased independence and self-esteem, improved physical and mental well-being, enhanced social inclusion, increased knowledge, and understanding and the strengthening of family bonds. The success of the project will be measured through a combination of quantitative and qualitative data collection methods, to include pre- and post-trip surveys that will be administered to participants and their families to assess trip satisfaction.

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?

In cases of repeated or severe non-compliance with deliverables or performance measures, the following penalties may be applied: contract termination/cancellation, restriction on future contracts (prohibiting the contractor from bidding on or receiving future contracts), and recoupment of funds.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?



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- 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:

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	<input style="width: 95%;" type="text" value="Ed"/>	Last Name	<input style="width: 95%;" type="text" value="Aldama"/>
b. Organization	<input style="width: 100%;" type="text" value="New Horizons for Community-Bound Individuals, Inc. DBA/ Faye Clark's New Horizons"/>		
c. E-mail Address	<input style="width: 100%;" type="text" value="ed@nuhorizons.org"/>		
d. Phone Number	<input style="width: 80%;" type="text" value="(305)887-1535"/>	Ext.	<input style="width: 20%;" type="text" value="101"/>

18. Recipient Contact Information



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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

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.