

**LFIR # 3477** 

1. Project Title	Infinite Spectrum	Foundation					
2. Senate Sponsor	Corey Simon						
3. Date of Request	3/21/2025						
4. Project/Program De	scription						
diagnosed with autism individuals from all ba of developmental disa Foundation offers pro	m in Florida, with ar ackgrounds, and wit ability, the need for ograms designed to ownership, empower	n average diagnos th the CDC estima specialized suppo equip children an ering them for futu	ort and resources is cri d teens with disabilitie	according to the CE n in the U.S. are di tical. To address th s with essential job	OC. Autism impacts agnosed with some form is, Infinite Spectrum		
5. State Agency to rec	eive requested fur	nds Agency	for Persons with Disat	pilities			
State Agency contact	cted? No						
6. Amount of the Nonro	ecurrina Request (	for Fiscal Year 20	125-2026				
Type of Funding			Amo	unt			
Operating			Allio	250,000			
Fixed Capital Outlay			250,000				
Total State Funds R	Poguested		250,000				
Total State Fullus N	requesteu			230,000			
7. Total Project Cost fo	or Fiscal Year 2025	5-2026 (includina	matching funds ava	ilable for this proi	ect)		
		(	matering rands ava	nable for time proj	coty		
Type of Funding		(a	Amount	Percentage	]		
Type of Funding Total State Funds Re	equested (from ques	,	-	• •			
	equested (from ques	,	Amount	Percentage			
Total State Funds Re	equested (from ques	,	Amount	Percentage			
Total State Funds Re Matching Funds		stion #6)	Amount 250,000	Percentage 100%			
Total State Funds Re Matching Funds Federal		stion #6)	Amount 250,000	Percentage 100%			
Total State Funds Re Matching Funds Federal State (excluding the a		stion #6)	Amount 250,000 0	Percentage 100% 0% 0%			
Total State Funds Re Matching Funds Federal State (excluding the a	amount of this requ	est)	Amount 250,000 0 0	Percentage 100% 0% 0% 0%			
Total State Funds Re Matching Funds Federal State (excluding the a Local Other	amount of this required for Fiscal Year 20	est) 25-2026 state funding?	Amount 250,000 0 0 0	Percentage 100% 0% 0% 0% 0% 0%			
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project pre If yes, provide the n Fiscal Year	amount of this required for Fiscal Year 20	est)  25-2026  state funding? ce:	Amount 250,000  0 0 0 250,000  No Specific	Percentage 100% 0% 0% 0% 0% 0%			
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project pre If yes, provide the n	for Fiscal Year 20	est)  25-2026  state funding? ce:	Amount 250,000  0 0 0 250,000  No	Percentage  100%  0%  0%  0%  0%  100%			
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project pre If yes, provide the n Fiscal Year	amount of this requirements for Fiscal Year 20. Eviously received sometimes and the contract of the contract o	est)  25-2026  state funding? ce:	Amount 250,000  0 0 0 250,000  No Specific	Percentage  100%  0%  0%  0%  0%  100%			
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project pre If yes, provide the n Fiscal Year	for Fiscal Year 20 viously received s nost recent instance Amo Recurring	estion #6)  estion #6)  25-2026  state funding? ce: unt Nonrecurring	Amount 250,000  0 0 0 250,000  No Specific	Percentage  100%  0%  0%  0%  0%  100%			
Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  8. Has this project pre If yes, provide the n  Fiscal Year (уууу-уу)  9. Is future-year funding	for Fiscal Year 20:  viously received s nost recent instance  Amo  Recurring	estion #6)  est)  25-2026  state funding? ce: unt Nonrecurring  uested?	Amount  250,000  0 0 0 250,000  No  Specific Appropriation #	Percentage  100%  0%  0%  0%  0%  100%			
Total State Funds Re Matching Funds Federal State (excluding the algorithm of the state) Other Total Project Costs  8. Has this project pre If yes, provide the notes of the state (yyyy-yy)  9. Is future-year funding a. If yes, indicate notes	for Fiscal Year 20:  viously received s nost recent instance  Amo  Recurring  ng likely to be requenced and amount of this requirement.	estion #6)  25-2026  State funding? ce: unt Nonrecurring  uested? nt per year.	Amount  250,000  0 0 0 250,000  No  Specific Appropriation #	Percentage  100%  0% 0% 0% 0% 100%			



**LFIR # 3477** 

### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

a. What is the cu		he project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready"	(i.e permitted)?				
c. What is the es	stimated start da	te of construction?				
d. What is the es	stimated comple	tion date of constru	ction?			
e. What funding	stream will be ι	sed for ongoing ope	erations and main	ntenance of th	ne project?	
		o receive, directly or ers of the facility and		ixed capital ou	utlay funding	j. Include the
		•				

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount					
Administrative Costs:							
Executive Director/Project Head Salary and Benefits	The requested funds will support the executive director and project head, who will oversee critical administrative functions for the initiative. This includes the distribution of program materials to the local community, processing and reviewing participant applications, and ensuring that all instructors are certified to work with individuals on the autism spectrum.	50,000					
Other Salary and Benefits		0					
Expense/Equipment/Travel/Supplies/Other		0					
Consultants/Contracted Services/Study		0					
Operational Costs	Operational Costs						
Salary and Benefits	Salaries will cover the cost of one licensed para for each program which will assist with students' mental needs. This will also support the salaries of One administrative/Operations staff, one CPA/Bookkeeper, and one Community outreach Manager between \$15- \$20 per hour depending on skills and position.	130,000					
Expense/Equipment/Travel/Supplies/ Other	Brochures, flyers, and marketing materials will promote the programs and attract participants, while also covering application processing costs and travel expenses for consultants.	27,000					
Consultants/Contracted Services/Study	Four business professional consultants/trainers specializing in disability disorder will provide an 8 week training for the participants of the program. Each program will be quarterly. They will conduct separate training sessions and be available to support staff and participants needs during all programs.	43,000					
Fixed Capital Construction/Major Renovation:							
Construction/Renovation/Land/ Planning Engineering		0					



**LFIR # 3477** 

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

250,000

#### 13. Program Performance

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

The funds requested will support five 8-week programs aimed at equipping children and teens with disabilities, particularly those on the autism spectrum, with essential skills for future employment opportunities. The programs will focus on developing social skills, fostering independence, and encouraging both personal and professional growth. These initiatives will help participants gain valuable experience and certifications, boosting their confidence and preparing them for the job market.

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

The funds will support a variety of activities and services across six programs: the Spectrum Marketing & Storytelling Workshop, Spectrum Support, Spectrum Content Creation Academy, Spectrum Support and Spectrum STEM & Robotics Lab. Each program will offer hands-on training in specialized fields such as marketing, storytelling, content creation, and STEM, while also enhancing social skills and fostering independence. Participants will receive professional instruction, access to necessary materials and equipment, and the opportunity to earn certifications that will help them in future employment.

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

The project will provide direct services to participants, their families, and partnering businesses. Participants will receive hands-on training in various fields. Families will benefit from support training to help their children navigate future employment opportunities, while businesses partnering with the program will receive training on how to create inclusive work environments for individuals with disabilities. This comprehensive approach ensures that all stakeholders are equipped to support the personal and professional growth of participants.

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

The target population for this project includes children and teens with disabilities, particularly those on the autism spectrum, along with their families and local businesses. Each program will serve 10 individuals per session, and with five programs, we expect to serve 50 participants in total. Additionally, we will partner with 4 businesses to provide training and support for creating inclusive work environments.

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

The expected benefit of this project is to improve the employability, social skills, and independence of children and teens with disabilities, while equipping families to support their children's future employment and helping businesses create inclusive environments. Outcomes will be measured through several specific methods:

Pre- and Post-Program Skills Assessment: Measures participants' knowledge and skills in areas such as marketing,

storytelling, content creation, STEM, and social skills before and after the program.

Social Responsiveness Scale (SRS-2) to evaluate social functioning and improvements in social skills for individuals on the autism spectrum.

Vineland Adaptive Behavior Scales (Vineland-3) to measure social and personal skills to track participants growth in communication, daily living skills, and socialization.

Employment Readiness Assessment (Work Readiness Scale) for older participants to assess job market skills such as resume building, interviewing, and workplace

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?

Funding will cease and funds will remain with the state agenc	V
E FULIUITU WIII CEASE AND TUNUS WIII TEINAITI WIIIT INE SIAIE AUENC	V.

- 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)



**LFIR # 3477** 

	Response (ad	dressing the immediate and	d short-term e	effects of a natur	al disaster)	
	Recovery (ass	isting communities return to	o normal ope	rations, including	g rebuilding da	maged infastructure)
b. N	- `	ıral disaster (or Executive	·		-	,
15. Ha	s the entity app	lied for or received federa	al assistanc	e for this projec	xt?	
<b>-</b> \	Yes, Applied					
<b>-</b> \	Yes, Received					
<b>-</b> 1	No					
<b>-</b> 1	No, but intends t	o apply				
a. If	yes, provide th	e FEMA project workshee	et ID#:			
b. P	rovide the total	project cost listed on the	FEMA proj	ect worksheet:		
16. Ha	s the entity app	lied for or received state	assistance f	or this project	(other than th	is request)?
□ <b>`</b>	Yes, Applied					
<b>- '</b>	Yes, Received					
<b>1</b>	No					
<b>1</b>	No, but intends t	o apply				
a. If Con	yes, specify th nmerce):	e program and state agen	ncy (ex. Loca	al Government l	Emergency Br	ridge Loan, Department o
	quester Contac		1 [			
	irst Name	Juming	Last Name	Delmas		
	Organization	Infinite Spectrum Foundat				
c. E	-mail Address	contact@is-foundation.org	<u> </u>			
d. F	Phone Number	(850)270-3161	Ext.			
18. Red	cipient Contact	Information				
	Organization	Infinite Spectrum Foundat	ion			
	Municipality and					
c. C	rganization Ty	pe				



**LFIR # 3477** 

□For Profit Entity	□For Profit Entity						
☑Non Profit 501(c	☑Non Profit 501(c)(3)						
□Non Profit 501(c	□Non Profit 501(c)(4)						
□Local Entity	□Local Entity						
□University or Co	□University or College						
□Other (please sp	□Other (please specify)						
d. First Name	Juming	Last Name	Delmas				
e. E-mail Address	e. E-mail Address contact@is-foundation.org						
f. Phone Number	(850)270-3151	Ext.					
19. Lobbyist Contact Information							
a. Name	None						
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.