

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

LFIR # 3493

1.	Project Title	Glades Initiative	- Arts in Autism	ո				
	•	O avida I I amali				·		
۷.	Senate Sponsor	Gayle Harrell						
3.	Date of Request	3/25/2025						
4.	Project/Program De	scription						
	Dance Media Found communities, Belle G Autism.	ation partnership w lade a rural area o	vith Miami City f opportunity, a	Balle and ir	et to expand their Exp mplement a dance pr	olore Dance prograr ogram for the Palm	n to underserved Beach School for	
5.	State Agency to rec	eive requested fu	<b>nds</b> Depa	artme	ent of State			
	State Agency contact	cted? No						
6	Amount of the Nonre	ecurrina Request	for Fiscal Yea	r 20:	25-2026			
<b>J.</b>			101 1 10001 100		Amo		1	
	Type of Funding Operating				AIIIO	200,000		
	Fixed Capital Outlay		0					
	Total State Funds R	equested				200,000		
7. <sup>-</sup>	Total Project Cost fo	or Fiscal Year 202	5-2026 (includ	ing ı	matching funds ava	ilable for this proj	ect)	
	Type of Funding				Amount	Percentage	]	
	Total State Funds Re	Total State Funds Requested (from question #6)			200,000	100%		
	Matching Funds							
	Federal				0	0%	-	
	State (excluding the a	amount of this requ	iest)		0	0%	-	
	Local				0	0%	-	
	Other				0	0%	_	
	<b>Total Project Costs</b>	for Fiscal Year 20	25-2026		200,000	100%		
8. Has this project previously received state funding? No If yes, provide the most recent instance:								
	Fiscal Year	Amount			Specific	Vetoed		
	(уууу-уу)	Recurring	Nonrecurring		Appropriation #			
9. Is future-year funding likely to be requested?  a. If yes, indicate nonrecurring amount per yea  b. Describe the source of funding that can be				in li	No lieu of state funding.		]	

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

10. Status of Construction



1

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

**LFIR # 3493** 

Planning	O Design	Construction	O N/A	
b. Is the project	"shovel ready" (	i.e permitted)?		
, ,	,	te of construction?		
l. What is the es	stimated comple	tion date of constru	ction?	
. What funding	stream will be u	sed for ongoing ope	erations and mainte	enance of the project?
		o receive, directly or rs of the facility and		ed capital outlay funding. Include the
relationship be	tween the owne	is of the facility and	me enary.	

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

a. What is the current phase of the project?

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		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Art and dance education services.	200,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	200,000

#### 13. Program Performance

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

To expand the reach of Miami City Ballet's Explore Dance program to underserved communities, specifically in Belle Glade a rural area of opportunity. Another purpose is to implement a dance program for the Palm Beach School for Autism. Studies have shown improvement for children with autism who have participated in dance and movement programs.

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

Contracted services with professional dance educators to provide arts and dance education to elementary school students.

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



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

LFIR # 3493

They would have a local arts education program available to them for their children that they would not have to drive up to 100 miles to get access to.

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

The target population is elementary school students in Belle Glade as well as the students at Palm Beach School for Autism, with greater than 300 students across both programs.

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

There are studies that show children with autism benefit greatly from dance, movement, and arts education as a whole. As for the students at the Belle Glade school, the students will receive arts and dance education from professional dance instructors.

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?

	for	failing to meet deliverables or performance measures provided for in the contract?
	lf	milestones are not met, then nonpayment of invoice.
14.	ls t	his project related to mitigation, response, or recovery from a natural disaster? No
á	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)
ŀ	). N	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?
	<b>□</b> \	es, Applied
	□ \	es, Received
	<b>□</b> 1	No
	<b>1</b>	No, but intends to apply
á	a. If	yes, provide the FEMA project worksheet ID#:
ŀ	o. P	rovide the total project cost listed on the FEMA project worksheet:
16.	Has	s the entity applied for or received state assistance for this project (other than this request)?
	□ \	es, Applied
	□ \	es, Received
	$\Box$ N	No.



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

**LFIR # 3493** 

□ No, but intends t				ol Covernmen	<b></b>	ov Duidaa l	aan Danasturan
a. If yes, specify the Commerce):	e progran	n and state ager	icy (ex. Loca	ai Governme	nt Emergend	y Briage L	oan, Departmen
47 Baguarter Contac	l Informat	ion					
17. Requester Contact a. First Name	David	ion	Last Name	Silvers		7	
b. Organization	Dance Media Foundation Media, Inc.						
_	dsilvers@dancemedia.com						
d. Phone Number							
	(001)000	1200					
18. Recipient Contact	Information	on					
a. Organization	Dance M	edia Foundation	Media, Inc.				
b. Municipality and	d County	Palm Beach					
c. Organization Ty	c. Organization Type						
□For Profit Entity							
☑Non Profit 501(d							
□Non Profit 501(d	;)( <del>4</del> )						
□Local Entity							
□University or Co	ollege						
□Other (please sp	□Other (please specify)						
d. First Name	David		Last Name	Silvers			
e. E-mail Address	dsilvers@	dancemedia.co	m				
f. Phone Number	(561)558	-7255	Ext.				
19. Lobbyist Contact I	nformatio	on					
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.