



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1663

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Completion of 11,000 square foot Inclusive Community Center for persons with intellectual and developmental disabilities. It is a place of service open to everyone. A unique locations provides and inclusion component for on the job training in the program and prepares participants with skills for employment and to be part of the community. The building will also include other opportunities for life skills training, and developing skills to receive practical experience in other jobs and therapy.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	12%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	7,000,000	88%
Total Project Costs for Fiscal Year 2026-2027	8,000,000	100%

8. Has this project previously received state funding?

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?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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)? No

c. What is the estimated start date of construction? 1/31/2025

d. What is the estimated completion date of construction? 12/31/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

Capital Contributions/Donations/ Building Fund and affiliated entities

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.

The Facility is owned by the 501c3 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Completion of construction of classrooms, life skills and sensory area, training kitchen, food gardens, and event space.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

13. Program Performance

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

To help individuals with disabilities prepare for gainful employment and be part of the community. There will also be a large fully operational kitchen & restaurant for our students to develop skills and receive real life work experience. In addition, the building will contain a sensory room, music center, art studio, exercise room, a beautiful garden & other amenities.

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

There will be 5 Life Skills & Job Training Classrooms to further grow this very needed program to help individuals with disabilities prepare for gainful employment. There will also be a large fully operational kitchen & restaurant for our students to use to further their skills in receiving real life work experience.



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

Providing the community and families of persons with disabilities and special needs the help they need to continue to work and prosper so all members of their families, no matter what their special needs, can thrive in a safe place they can depend on. Assisting families in need and providing a welcoming place to learn, socialize, volunteer, prepare participants for employment and become more independent. A place to call home within our community.

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

Families and persons with special needs, autism, intellectual and developmental disabilities, physically disabled, and those not eligible to receive services from APD or those who are pre-registered and not yet receiving services. We expect to serve an additional 200 plus individuals and their families.

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

Individuals with disabilities, who would not likely otherwise become employable or employed because of their physical health, receive training, get jobs and become less dependent on assistance. Participants who attend will complete various age appropriate programs, become more independent, maintain employment within the community, implement life skills to acquire friendships and social independence.

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?

Notification with an opportunity to cure or withholding of funding.

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:

16. Has the entity applied for or received state assistance for this project (other than this request)?



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- 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

c. E-mail Address



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d. Phone Number

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