



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 2811

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Development of a shared living community for individuals with intellectual and developmental disabilities, consisting of up to four 6-bedroom homes designed to provide greater autonomy than traditional community-based group homes and maximize self help/independent living skills. The development of this program on the site of an enriched independent living community addresses federal mandates to transition individuals with IDD, from facility-based settings to community based settings, while providing vocational, educational, and recreational enrichment, inclusion, and opportunities to enhance connectedness, integration, and self sufficiency within the community.

5. State Agency to receive requested funds

State Agency contacted?  No

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,500,000
<b>Total State Funds Requested</b>	<b>1,500,000</b>

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)	1,500,000	21%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	5,500,000	79%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>7,000,000</b>	<b>100%</b>

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)?

No

c. What is the estimated start date of construction?

9/30/2026

d. What is the estimated completion date of construction?

12/31/2027

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

Project cashflow

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 Villages of South Florida Autism, Inc.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Capital funds to develop and construct a 24 Bed Shared Living Facility, comprised of up to four 6-bedroom Homes, a Community Building, and shared amenities. Expenditures may include but not be limited to the cost of planning, engineering, staffing and or consultants to complete associated tasks. Funds may be utilized to pay for predevelopment, completion of funding applications, design and engineering, program development, preoccupancy and leasing activities, and the staffing, consultants.	1,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,500,000</b>

### 13. Program Performance

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



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The requested funds will support the creation of an Assisted Living Facility designed to meet the unique needs of adults with intellectual and developmental disabilities (IDD). Our goal is to provide 24/7 supervision while fostering independence and complying with federal mandates aimed at transitioning individuals with IDD from facility-based settings to community-based ones. In doing so, we aim to offer educational and recreational enrichment, promote inclusion, and create opportunities for enhanced connectedness, integration, and self-sufficiency.

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

A) Predevelopment activities may include but not limited to survey, architecture, engineering, permitting, funding applications, and other pre-construction activities. B) Construction activities may include but not be limited to Site Preparation, Excavation, Grading, Structural, Window and Door Installation, Plumbing, Electrical, HVAC Systems, Insulation, Drywall and Ceiling Installation, Flooring, Cabinetry and Fixtures Installation, Interior and Exterior Painting, Safety System Installation (Fire alarms, sprinklers, etc.), Landscaping and Site Work, Interior Finishing (trim work, molding, etc.), Quality Control and Inspections, Final Inspections and Approvals B) Preoccupancy services: program development, staffing, and leasing activities. C) Staffing, legal fees, finance fees and Consultants to complete deliverables associated the project.

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

Services will include 24/7 Supervision as needed, daily living skills assistance and training, Residential Habilitation services, educational enrichment, on-site recreational activities, and planned activities such as shopping, dining out, going to movies and other recreational and leisure opportunities to enhance connectedness, integration, and self sufficiency.

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

Individuals served by this funding will include 24 adults with intellectual and developmental disabilities who require 24/7 supervision but who will benefit from living in an environment that maximizes their potential for independence and self determination.

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

This project will develop best practices strategies to ensure residents are provides with a safe and secure environment and receive the training they require to maximize their self-help/independent living skills. This project will be programmatically designed to maximize opportunities for community integration and improve the quality of life of its residents.

**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?**

Reimbursement of funds to the State.

**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)
- 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



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- 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**  **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



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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.*