



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 2995

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Arc of Bradford County is looking expands it's business operations to promote economic development for the agency and the individuals which it serves. As a rural area of opportunity, we believe this program will provided the investment needed to promote sustainability in the agency and long-term growth for the community. Specifically, this funding will expand transportation access for individuals with intellectual and developmental disabilities who lack transportation services, provide more job opportunities for those individuals, and will increase the economic impact in the community at large.

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	750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>750,000</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)	750,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>750,000</b>	<b>100%</b>

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		
2025-26	0	600,000	241A	Yes

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.**



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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
<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	Provides salaries for individuals during expansion to increase capacity of workforce.	230,000
Expense/Equipment/Travel/Supplies/Other	Vehicles to transport individuals to and from work. Commercial Medium Duty Vehicle to transport products. Additional equipment necessary to operate and expand businesses.	410,000
Consultants/Contracted Services/Study	Research sawdust byproducts, marketing and expansion.	110,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

### 13. Program Performance

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

This goals of these funds is to build the capacity of the Arc to provide quality services to individuals with intellectual and developmental disabilities.

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



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Individuals who receive employment through this project will receive on the job training for the first year of employment to increase their ability to be successful on the job. Individuals will participate in work projects and receive support from staff who are trained to provide support to individuals with IDD or mental health concerns.

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

Individuals working will be providing a much needed service to the community by producing a consumable product, benefiting the community at large. Individuals who are receiving employment from the project will be provided an overall better economic situation and receive supports needed to be successful in the community.

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

The primary target population for this project is jobless individuals with intellectual and/or developmental disabilities and/or mental health concerns. This project seeks to expand the Arc's current work program and add additional jobs, doubling the current workforce.

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

The expected outcomes include improved mental health services and expansion, transportation, increased economic activity, creating immediate job opportunities, and enhancing individual's self-sufficiency. Measurements include self-report and assessments, staff observations, quantifiable data from increased numbers in various categories, supplemental information and training, and co-occurring services through the program.

**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?**

Suggested penalties would involve corrective action plans and return of funding that it unused from this project.

**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
- 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:**



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**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
- 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.*