



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1490

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A Full Life Living Center will provide special care and housing for adults with intellectual and physical disabilities. Residents will enjoy a supervised family home setting focused on assisting them to be independent through continued growth in personal life skills. These life skills will help them achieve their highest level of independence and inclusion in society. Through animal and horticultural therapy, residents will experience improved mental health and stimulation. On site staff will consist of 1 director, 4 companion caregivers, and 12 residents at the living facility.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	1,020,000
Fixed Capital Outlay	0
Total State Funds Requested	1,020,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,020,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,020,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Fiscal Year 2024-2025

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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director Salaries	55,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Cost to secure residential real estate	670,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	1 - Director and 4 companion caregivers salaries and intense Covid cleaning	135,000
Expense/Equipment/Travel/Supplies/Other	Vehicle purchase (18 passenger van), computers, full security systems, to include monitoring services	130,000
Consultants/Contracted Services/Study	Animals, horticultural, art therapies, consultant services Staff and director workshops and training	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,020,000

14. Program Performance

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

The specific purpose or goal that will be achieved by the funds requested for this grant is to create a safe and nurturing living facility for intellectually and physically disabled adults. With this grant, we aim to provide a supportive environment where individuals with disabilities can receive the care, assistance, and resources they need to thrive. The funds will be utilized to enhance their quality of life, promote their independence, and ensure their overall well-being.

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



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Animal and horticulture therapies, as well as the arts, by using music for exercise and therapy to help with mental health, stimulation, and social skills.

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

Sale of residents' art work and crafts, as well as produce from a sustainable horticulture garden.

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

Targeted population served are persons with intellectual and physical disabilities and their families. The total number of individuals that are expected to be served is 12, and no less than 10.

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 empower intellectually and physically disabled adults by fostering their personal growth, development, and inclusion within the community. Through our customized programs and services, we will enable them to maximize their potential and lead fulfilling lives. The outcomes of this project will be measured through various methodologies, including regular assessments of individual progress, feedback from participants and their families, and quantitative data on improved physical and mental well-being. By consistently evaluating our impact, we can continually refine and enhance our approach to ensure the best possible outcomes for those we serve.

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 the contract?

The suggested penalty will be that candidate cannot request additional funds for a period of 5 years.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number