



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1610

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Village of Key Biscayne is requesting \$100,000 to support our special needs residents of all ages through more robust programming, services, and staff training. As an island community, our residents must travel far to access programs and services that cater to their special needs. This funding will go towards establishing and implementing a comprehensive program that meets the unique requirements of our local special needs population. Establishing a community program will help improve the quality of life for our special needs residents and their friends and families.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	0
Total State Funds Requested	100,000

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)	100,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	50,000	33%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	150,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	100,000	240A	No

9. Is future 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.

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

Yes



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

The Village received \$531,000 of CARES Act funding through Miami-Dade County and to reimburse the Village for expenditures related to the pandemic such as COVID related overtime, legal expenses, and PPE.

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)?

No

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Program Coordinator	10,000
Expense/Equipment/Travel/Supplies/Other	Travel, Entrance Fees, Supplies	5,000
Consultants/Contracted Services/Study	Instructors, equipment, materials, fees for classes, events, training, and programs.	85,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		100,000

14. Program Performance

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

To enhance and expand inclusive programming for the Village's special needs population. Programs will utilize existing organizations that specialize in providing inclusive programming to enrich the lives of our special needs residents and their families' quality of life. Providing these services on the island is critical for our community as these families would need to travel long distances to access programs and services that accommodate their loved one's special needs.



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

The Village will provide staff training and improved programming for inclusive services and making programs more welcoming and engaging for persons with special needs and their families.

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

Additional programming and services for special needs residents, staff trained in how to accommodate people with special needs, modifications to existing programming and services to be more inclusive and welcoming for persons with special needs. Programs shall include job readiness, music programming, recreational therapy, outings to theaters and other performances.

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

Expected to be served in the target population: 101-200
 Target Population to be Served: Elderly persons, jobless persons, at-risk youth, developmentally disabled, physically disabled, special needs population.

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

Programming would incorporate physical activity and exercise routines tailored to the individual's abilities and needs. These programs can help improve strength, flexibility, and overall physical fitness. Teaching how to make nutritious food choices can help prevent or manage conditions related to diet, such as obesity or diabetes. Programming can provide counseling and psychological support to address issues like anxiety, depression, and stress, which can have physical health implications as mental health plays a significant role in overall well-being. These outcomes will be measured by the number of attendees at the various events and participant feedback provided to the Village.

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?

Failure to meet deliverables will result in forfeiture of funds or financial penalties as described in the contract.

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



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Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number