



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1783

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

LiFT Academy serves students with neurodiversity through a multi-sensory approach (auditory, visual, kinesthetic, etc.) in a bully-free, inclusive setting. LiFT has grown by 700% in the past 10 years and is currently serving 150 students across three educational programs. State funds would complete the final phase of construction/renovation of the future LiFT campus by the end of 2023 to expand services to up to 400 students each year.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 0 |
| Fixed Capital Outlay | 750,000 |
| Total State Funds Requested | 750,000 |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 750,000 | 11% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 5,783,350 | 89% |
| Total Project Costs for Fiscal Year 2023-2024 | 6,533,350 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2022-23 | 0 | 1,000,000 | 105 + 109 | No |

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.

LiFT has launched a capital campaign with the goal of raising the \$10 million needed fund debt service on the new campus; however, state support is needed to complete the project by the end of 2023.

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



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

LiFT received PPP loans of \$318,233 in April 2020 and \$337,563 in May 2021, and an Economic Impact Disaster Loan (EIDL) for \$149,900 in July 2020. All loans supported pandemic-related expenses and have been forgiven or paid back with interest.

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

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

2022-2023

d. What is the estimated completion date of construction?

Fall 2023

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.

LiFT is the owner of the facility to receive FCO funding.

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 | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Construction and installation of full mechanical system upgrades to classroom spaces, required restrooms, sensory spaces, meeting spaces, & security system | 750,000 |
| Total State Funds Requested (must equal total from question #6) | | 750,000 |

14. Program Performance

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

Construction and renovation of the new facility will allow LiFT to provide education and support to up to 400 students with neurodiversity per year upon completion.

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



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Elementary, Middle, High School, and post-secondary education and supports including therapy, internships, individual support planning, mentoring, and therapeutic interventions.

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

Same as above.

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

Elementary, Middle, High School, and post-secondary students with neurodiversity.

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

Improved education, health, and economic outcomes for students with neurodiversity; improved peer connections, educational and extracurricular opportunities, and enhanced interpersonal and social skills for students; increased teaching positions including elementary, middle, high and post-secondary and employment opportunities for LiFT Learning Community. Outcomes will be measured through student progress and achievement, MAP testing scores, and reading comprehension results; the number of positions filled and internships/jobs secured for student learners; the number of students prepared to live, work, and learn independently after successful completion of the programs.

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?

Funding for deliverables not met would be returned to the state.

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