

LFIR # 1496

| 1. Project Title | Special Hearts Farr | m | | | |
|--|---|--|---|--|--|
| 2. Senate Sponsor | Victor Torres | | | | |
| 3. Date of Request | 02/12/2021 | | | | |
| 4. Project/Program Des | scription | | | | |
| with disabilities and uproviding adult day transpersion of the Speand and continue performed in the state of Florida! The purpose of this puland for infrastructure | nique abilities who ha aining and possible e ecial Hearts Farm 50° forming meaningful jo! ! roject will be to lease and eventually a "for | ave been denientrepreneur bu 1(c)3, features obs once they state owned la rever home" fo | ed opportunities for colleusiness opportunities relatives a "true transition opporage out of school. This and (parcel #35-20-28-0 | ege and supported a lated to farming and tunity" for students transition opportuni 2000-00-001) and p rm. We are currentl | d gardening with disabilities to train ty is the first of its kind |
| 5. State Agency to rece | eive requested fund | s Agency | for Persons with Disabi | ilities | |
| State Agency contac | cted? No | | | | |
| 6. Amount of the Nonre | ecurring Request for | r Fiscal Year 2 | 2021-2022 | | |
| Type of Funding | | | Amo | unt | |
| Operations | | | | 0 | |
| Fixed Capital Outlay | | | | 1,000,000 | |
| | | | | | |
| | equested | | | 1,000,000 | |
| Total State Funds Ro | • | 2022 (includin | a matching funds ava | 1,000,000 | • |
| Total State Funds Ro | • | 2022 (includin | | 1,000,000 | • |
| Total State Funds Ro 7. Total Project Cost fo Type of Funding | r Fiscal Year 2021-2 | | Amount | 1,000,000 ilable for this proje Percentage | • |
| 7. Total Project Cost fo Type of Funding Total State Funds Re | r Fiscal Year 2021-2 | | | 1,000,000 | • |
| 7. Total Project Cost fo Type of Funding Total State Funds Re- Matching Funds | r Fiscal Year 2021-2 | | Amount 1,000,000 | 1,000,000 ilable for this proje Percentage 100% | • |
| 7. Total Project Cost fo Type of Funding Total State Funds Remark Matching Funds Federal | r Fiscal Year 2021-2 | on #6) | Amount 1,000,000 | 1,000,000 ilable for this proje Percentage 100% | • |
| 7. Total Project Cost fo Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the a | r Fiscal Year 2021-2 | on #6) | Amount 1,000,000 | 1,000,000 ilable for this proje Percentage 100% 0% | • |
| 7. Total Project Cost fo Type of Funding Total State Funds Rem Matching Funds Federal State (excluding the allocal | r Fiscal Year 2021-2 | on #6) | Amount 1,000,000 0 0 | 1,000,000 ilable for this proje Percentage 100% 0% 0% | • |
| 7. Total Project Cost fo Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the a | r Fiscal Year 2021-2 quested (from questic | on #6) | Amount 1,000,000 | 1,000,000 ilable for this proje Percentage 100% 0% | • |
| Total State Funds Ref 7. Total Project Cost fo Type of Funding Total State Funds Ref Matching Funds Federal State (excluding the allocal Other Total Project Costs for | r Fiscal Year 2021-2 quested (from questic | on #6) | Amount 1,000,000 0 0 0 1,000,000 | 1,000,000 ilable for this proje Percentage 100% 0% 0% 0% 0% | • |
| Total State Funds Ref 7. Total Project Cost fo Type of Funding Total State Funds Ref Matching Funds Federal State (excluding the allocal) Other Total Project Costs for the state of | quested (from question amount of this requested for Fiscal Year 2021 viously received sta | on #6) | Amount 1,000,000 0 0 0 1,000,000 No | 1,000,000 ilable for this proje Percentage 100% 0% 0% 0% 100% | • |
| Total State Funds Ref 7. Total Project Cost fo Type of Funding Total State Funds Ref Matching Funds Federal State (excluding the allocal Other Total Project Costs for | quested (from question amount of this reques for Fiscal Year 2021 viously received sta | on #6) | Amount 1,000,000 0 0 0 1,000,000 No Specific | 1,000,000 ilable for this proje Percentage 100% 0% 0% 0% 0% | • |
| Total State Funds Ref 7. Total Project Cost fo Type of Funding Total State Funds Ref Matching Funds Federal State (excluding the allocal Other Total Project Costs for the state of the st | quested (from question amount of this reques for Fiscal Year 2021 viously received sta | on #6) | Amount 1,000,000 0 0 0 1,000,000 No Specific | 1,000,000 ilable for this proje Percentage 100% 0% 0% 0% 100% | • |
| Total State Funds Ref 7. Total Project Cost fo Type of Funding Total State Funds Ref Matching Funds Federal State (excluding the allocal Other Total Project Costs for the state of the st | quested (from question amount of this reques for Fiscal Year 2021 viously received sta Amour Recurring | on #6) 1-2022 Interpretation of the control of th | Amount 1,000,000 0 0 0 1,000,000 No Specific | 1,000,000 ilable for this proje Percentage 100% 0% 0% 0% 100% | • |
| Total State Funds Ref 7. Total Project Cost fo Type of Funding Total State Funds Ref Matching Funds Federal State (excluding the allocal Other Total Project Costs for State (excluding the allocal) 8. Has this project previous Fiscal Year (yyyy-yy) | quested (from question amount of this reques for Fiscal Year 2021 viously received sta Amour Recurring | on #6) d-2022 ate funding? nt Nonrecurring | Amount 1,000,000 0 0 0 1,000,000 No Specific Appropriation # | 1,000,000 ilable for this proje Percentage 100% 0% 0% 0% 100% | • |
| 7. Total Project Cost fo Type of Funding Total State Funds Remail State Funds Federal State (excluding the allocal Other Total Project Costs for State (excluding the allocal) Other Total Project Costs for State (excluding the allocal) 8. Has this project previous Fiscal Year (yyyy-yy) 9. Is future funding like all fyes, indicate no | quested (from question amount of this reques for Fiscal Year 2021 viously received sta Amour Recurring ely to be requested? anrecurring amount | on #6) d-2022 ate funding? nt Nonrecurring per year. | 1,000,000 0 0 0 1,000,000 No Specific Appropriation # | 1,000,000 ilable for this proje Percentage 100% 0% 0% 0% 100% Vetoed | • |



LFIR # 1496

| 10. H | las | s t | he | er | ntit | y re | eqι | les | ting | g t | his | pr | Όje | ect | re | cei | ved | lan | y f | ed | era | l ass | sis | tar | nce | re | late | d | to 1 | he | C | O۷ | /ID |)-19 | 9 p | anc | lem | ic? | ? |
|-------|-----|-----|----|----|------|------|-----|-----|------|-----|-----|----|-----|-----|----|-----|-----|-----|-----|----|-----|-------|-----|-----|-----|----|------|---|------|----|---|----|-----|------|-----|-----|-----|-----|---|
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| V | |
|-----|--|
| Yes | |

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

Paycheck Protection Program - \$24,725 - payroll only
Economic Injury Disaster Loan Advance - \$10,000 - operating expenses
Cares Provider Relief Fund - \$952 - lost revenue due to COVID 19

11. 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/Majo | r Renovation: | | | | | | |
| Construction/Renovation/Land/ Planning Engineering | *Land/Planning- sitework, electrical, engineering, permitting, preparing 40 acres of state owned land (parcel 35-20-28-0000-00-001) offered by Senator Wilton Simpson and Mayor Bryan Nelson for infrastructure. | 1,000,000 | | | | | |
| Total State Funds Requested (must equal total from question #6) 1,000,00 | | | | | | | |

12. Program Performance

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

The specific purpose/goal of this project will be to obtain (lease) state owned land (Parcel #35-20-28-0000-00-001) and prepare the land for infrastructure and an eventual "forever home" for the Special Hearts Farm.

The initial funds will include permitting, sitework, engineering, electrical, and preparing the land for infrastructure. The next phase will include

building a facility for the Adult Day Training Program, a barn for our "special animals", pasture fencing, and an eventual residential home for residents.

This will provide our clients a meaningful day experience, along with a safe forever home.

Our focus will continue to include building community inclusion for our clients and support for their families.

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

Day Training (day program for individuals with disabilities and unique abilities)

*Business/Entrepreneur Opportunities (selling farm products; goat milk soap, rustic signs, eggs, vegetables) in Special Hearts Farm Store and Windermere/Winter Garden Farmer's Market

*Residential Home Setting (clients will be able to live on the farm)

*Community Outings (shopping, leisure activities, community events)

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

Adult Day Training, Music Therapy, Community Outings, Business Opportunities (farm store, farmers market), Daily Living Skills, Functional Life Skills.



LFIR # 1496

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

Our target population will include adults with disabilities.

We will serve as many individuals as we can accommodate based on the completed size of our facility.

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

The benefit of this project will be to provide a meaningful day experience to individuals with disabilities in farming and gardening, with the opportunity of employment on the property and/or out in the community.

A secondary benefit will be to provide our clients with a safe residential home setting.

The outcome will be measured by our clients success and overall happiness within the Special Hearts Farm and their participation in the community.

In addition, we will continue to follow the Agency for Person's with Disabilities guidelines to measure our success.

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 specified program stipulations in the contract would disqualify us for the next physical year for appropriations.

13. 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 Special Hearts Farm 501(c)3 non-profit is currently leasing our facility from Orange County Public Schools. There is no relationship between the owners of the facility (OCPS) and the Special Hearts Farm, other than a year to year leasing agreement.



LFIR # 1496

| 14. | Requestor Contact | Informati | ion | | | | | | | | | | |
|-----|-----------------------------------|-----------------------------|-----------------------------|-----------|--------|--|--|--|--|--|--|--|--|
| | a. First Name | Patrice | | Last Name | Byerly | | | | | | | | |
| | b. Organization | Special H | Special Hearts Farm, Inc. | | | | | | | | | | |
| | c. E-mail Address | specialhe | specialheartsfarm@gmail.com | | | | | | | | | | |
| | d. Phone Number | ımber (407)421-2393 Ext. | | | | | | | | | | | |
| 15. | Recipient Contact | Information | | | | | | | | | | | |
| | a. Organization | Special H | learts Farm, Inc. | | | | | | | | | | |
| | b. Municipality and County Orange | | | | | | | | | | | | |
| | c. Organization Type | | | | | | | | | | | | |
| | □For Profit Entity | | | | | | | | | | | | |
| | ☑Non Profit 501(c | (c)(3) | | | | | | | | | | | |
| | □Non Profit 501(c | :)(4) | | | | | | | | | | | |
| | □Local Entity | | | | | | | | | | | | |
| | □University or Co | llege | | | | | | | | | | | |
| | □Other (please sp | ecify) | | | | | | | | | | | |
| | d. First Name | Patrice | | Last Name | Byerly | | | | | | | | |
| | e. E-mail Address | specialheartsfarm@gmail.com | | | | | | | | | | | |
| | f. Phone Number | (407)421-2393 | | | | | | | | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | | | | | | | | |
| | a. Name | None | | | | | | | | | | | |
| | b. Firm Name | None | | | | | | | | | | | |
| | c. E-mail Address | | | | | | | | | | | | |
| | d. Phone Number | | | | | | | | | | | | |