



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1606

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The 'Infinite Horizons: Behavior+ Project' is designed to overall improve the psychological, physical, and mental health & development of special needs young adults and individuals around them (such as, but not limited to their families and persons within the community). Prioritize and address these urgent matters through a behavior focused program, with the use of individualized fitness, art, music, social / living skills activities and programming that is designed to target every recipients' goals & needs. To support these individuals to be an independent, active member of society, achieve their mental and physical health goals. To the best of our ability to void and redirect potential critical, stressful, dangerous crisis situations that will deteriorate and worsen the overall health of these special needs individuals and persons around them.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	340,000
Fixed Capital Outlay	60,000
<b>Total State Funds Requested</b>	<b>400,000</b>

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	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 2022-2023</b>	<b>400,000</b>	<b>100%</b>

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



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Yes

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

PPP #1 \$80,320.00 used for payroll and rent. Loan has been forgiven by SBA.  
 PPP #2 \$26,962.50 used for payroll. Loan has been forgiven by SBA.

**11. 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	The director will be responsible to oversee all aspects of the project. To ensure successful execution of the program and that every individual's goals and needs are being met; by being hands-on in all areas of the project, as well as, training, instructing, & supervising all team members.	72,000
Other Salary and Benefits	The program administrator will be responsible for project documentation, supervising all project team members with the project head, and discuss every client's progress and next steps in the program with the individual's families and team members; a receive and take into consideration their input. Implementing ideas / activities to improve and better benefit the project and every individual client.	51,000
Expense/Equipment/Travel/Supplies/Other	Replace existing, aging / obsolete office equipment and essentials - needed to keep track and document the progress of the recipients and project.	5,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Head classroom instructor & leader: \$40,495.00 (35hrsX\$22.25X52wks)   Art instructor and support staff: \$28,080.00 (30hrsX\$18X52wks) Behavior-focused support staff (2): \$20,000 each (20hrsX\$20X50wks)   Classroom / activities support staff: \$	120,000
Expense/Equipment/Travel/Supplies/Other	Replace / refurbish existing equipment, tools, supplies, and areas of the facility that are needed to have / use to better improve and benefit the recipients of the program. This includes but is not limited to: gym area & equipment, computer lab, Art area & supplies, therapy area, and classrooms.	12,000
Consultants/Contracted Services/Study	Exercise Physiologist: \$50,000.00 (20hrsX\$50X50wks) Music Instructor / Therapist: \$15,000.00 (10hrsX\$30X50wks) Head Behavior-focused trained personnel & specialist: \$20,000.00 (10hrsX\$40X50wks)	80,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Architectural and contractor expenses to construct a new classroom and redesign / update existing facilities to accommodate current and additional recipients.	60,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>400,000</b>

**12. Program Performance**

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

The goal of this project is to successfully improve the overall mental, physical, emotional, and behavioral health of young adults with special needs and that of their families; to avoid crisis scenarios and provide beneficial, above-par services to these clients as current benefits & services are severely lacking in quality, efficiency, and adequacy. To create a program that is very individualized - designed to meet every recipients goals and needs; through a behavior plus focused program.



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

This funding will be used to provide training to the special needs individuals that we serve. These services include and are not limited to: physical fitness sessions, music therapy / sessions, art, community outings. Manual skills development. Physical and psychological development and improvement. We also provide Living Skills training. Services that focus on the overall health of these clients.

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

Music lessons to better improve communication/language development. Living skills include meal preparations, hygiene improvement; Community outings provide social interactions + development of social skills and these include trips to museums, shopping venues to learn shopping skills and money handling. Art helps develop and improve fine motor skills / hand to eye coordination, + self-expression.

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

The target population are Persons with poor mental health or physical health as well as those who physically or developmentally disabled. 101-200 people are expected to be served.

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

Have a program with above - satisfactory services that actually benefit these recipients and their families', as well as prioritize the clients mental and physical health + their goals and needs; as all benefits and services that are currently available to these individuals are severely lacking in quality, understanding, and effectiveness. The success of the project will be measured and tracked by baselines, assessments, and reports done by project team members under the supervision of the project head and program administrator.

**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 do such project / achieve the goals of this project, will lead to severe mental, physical, emotional, & behavior regression of these special needs clients & their families. Without the proper support & program in place, these recipients, their families, & individuals around them, will be in a very high-risk crisis situation - effecting their overall mental, & physical health for worse. With the use of the project, will will have the capability to address and prioritize these issues.

**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.**

This is a 501(c)(3) organization and as such, there are no owners. The founder is Francisco Orfila. The funding would be deposited into the operating account of the organization.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number