



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1468

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

4. Project/Program Description

This year marks the 75th anniversary of the Junior Orange Bowl and the 42nd anniversary of the longstanding organization's Sports Ability Games, a platform of competition and events for the youth in the South Florida community with physical and cognitive disabilities to showcase their skills, talents, and strengths. Junior Orange Bowl is seeking funding to further support our Sports Ability Program, dedicated to providing a space, for children with disability of all ages in South Florida to have an active participation in competitive sports while enhancing their lives through a series of Health and Wellness Educational programs. Our program addresses the unique needs of participants by providing specialized adaptive equipment, staff and coaching and aims to promote inclusivity & community involvement.

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	270,000
Fixed Capital Outlay	0
Total State Funds Requested	270,000

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)	270,000	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	270,000	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.**
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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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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/program administrator salary.	60,000
Other Salary and Benefits	Part-time staff/coordinators and volunteer stipends.	10,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Facilities rental, sports equipment purchase and lease for swimming and track and field competitions for over 600 students, healthcare screening equipment and educational materials, registration platform fees, event insurance	170,000
Consultants/Contracted Services/Study	Educational specialists, wellness specialists, occupational/physical therapists and paraprofessionals.	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		270,000

14. Program Performance

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



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

Sports Ability Initiative of the Junior Orange Bowl hosts an Adaptive Competitive Day for Over 600 students - who have disabilities such as autism, Down syndrome, blindness, cerebral palsy, spina bifida, dwarfism, deafness or are confined to a wheelchair/walker. To ensure meaningful programming, community organizations and partners include: Miami Dade County, MPDPS, Woody Foundation.

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

Students receive the opportunity to compete in large, high-quality youth sporting events and empowerment for children and youth with disabilities. In addition, include an Educational Health and Wellness component to our events and to the schools. This will consist of, but not limited to screenings, stretch, strength and conditioning, healthcare resources both mentally and physically for all.

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

Target population- persons with poor mental health, persons with poor physical health, developmentally disabled, physically disabled, grade school students, and high school students. The number of individuals expected to be served is 401-800.

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

The expected outcome or benefit of this project is to improve participants' mental and physical health. These outcomes will be measured through assessment by health and wellness counselors; and improved ability and performance of participants compared to previous performance.

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?

Revocation/withholding of funds.

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)



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- Local Entity
- University or College
- 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