

The Florida Senate Local Funding Initiative Request

LFIR # 1762

FISCAI	rear	2024-2025	

1. Project Title HabCenter Boca Mental Health and STEAM Program for Individuals with Unique Abilities

2. Senate Sponsor Tina Polsky

3. Date of Request 11/14/2023

4. Project/Program Description

Mental Health and STEAM programs to help expansion of services for 175 adults with disabilities with a unique opportunity to learn and grow in a supportive environment. These programs combine STEAM education with personal life skills development, empowerment, and academic achievement. By offering individually tailored lessons, Mental Health and STEAM programs will help individuals with disabilities develop a wide range of skills, including problem-solving, social skills, communication skills, and coping skills. Additionally, these programs can help reduce isolation, stress, and anxiety, and promote a sense of purpose and community. Overall, Mental Health and STEAM programs can provide a variety of benefits for adults with disabilities, helping them to live more fulfilling and productive lives.

5. State Agency to receive requested funds

Department of Education

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	175,000
Fixed Capital Outlay	75,000
Total State Funds Requested	250,000

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)	250,000	41%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	150,000	25%
Local	3,500	1%
Other	200,000	33%
Total Project Costs for Fiscal Year 2024-2025	603,500	100%

8. Has this project previously received state funding? Yes

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2023-24		175,000	243A	No

9. Is future funding likely to be requested?

b.

No

a. If yes, indicate nonrecurring amount per year.

Describe the source of funding	g 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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No

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
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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.

Yes

11/1/2024

6/1/2025

HabCenter Boca Raton

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	Funding for programming staff, coaches, direct service professionals, support staff and instructors. Employees dedicated and committed to client's growth and achievement are critical to the success of the program.	100,000
Expense/Equipment/Travel/Supplies/ Other	Funds to purchase equipment, supplies, learning/programming software, client management software, computers, related to STEAM program, (science, technology, engineering, arts, math), musical equipment, marketing materials, literature, and all necessary programming supplies, cost for field trips and volunteer events, scholarships for clients who need financial assistance, etc.	75,000
Consultants/Contracted Services/Study	· · · · · · · · · · · · · · · · · · ·	0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The building was built in 1978 and needs critical renovations to the building such as engineering, AC upgrades, and also adding workforce training classrooms, classroom expansion to accommodate more clients, administration renovations, etc.	75,000
Total State Funds Requested (m	ust equal total from question #6)	250,000



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14. Program Performance

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

Mental Health and STEAM program for 175 adults with disabilities is to provide them with the opportunity to learn and explore science, technology, engineering, arts, & mathematics in a fun and engaging way. To help clients to develop skills, including: Problem-solving, Critical thinking, Creativity, Teamwork, Communication, perseverance. STEAM will help adults with disabilities to learn about different career possibilities and to develop the skills they need to succeed in the workforce and expand our PEAR Program.

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

Comprehensive, individually tailored life skills building, developmental training, create connections, build creative confidence and inspire clients, programing that provide sufficient skills and knowledge to increase the capability of people with disabilities in areas of self-help, adaptive, counseling, social skills, or secure/maintain competitive jobs in the community.

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

Mental Health and STEAM programs provide direct services to people with unique abilities and mental wellness needs such as vocational training, continuing education, counseling social and recreational activities, independent living skills training, and advocacy and support services, financial literacy.

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

Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, economically disadvantaged persons, developmentally disabled, physically disabled, and Victims of crime. 101-200 individuals served.

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

be measured?

Mental Health and STEAM Programs: encourage clients to engage in physical activity through hands-on activities and projects. Eg. clients might build robots, design and build bridges, snap circuits or conduct science experiments. Teach clients about healthy eating and nutrition. Eg. clients might learn about the importance of eating a balanced diet and getting enough exercise, playing team sports, etc. Develop social skills, improve communication skills, and improve coping skills and conflict resolution and other social skills. Provide a sense pf purpose, connectivity and personal and professional development. Program will be measured using Self assessments and direct service professional assessments.

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?

Implementation of Corrective Action Plan.

15. Requester Contact Information

a. First Name	Sherry	Last Name Henry
b. Organization	Habilitation Center for the Raton)	e Handicapped, Inc. (HabCenter Boca
c. E-mail Address	shenry@habcenter.org	
d. Phone Number	(561)886-3029	Ext.

16. Recipient Contact Information

a. Organization Habilitation Center for the Handicapped, Inc. (HabCenter Boca Raton)

b. Municipality and County Palm Beach



17.

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c. Organization Type

□For Profit Entity				
⊠Non Profit 501(c	:)(3)			
□Non Profit 501(c	:)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Sherry	Last Name	Henry	
	Sherry shenry@habcenter.org	Last Name	Henry	
		Last Name	Henry	
e. E-mail Address	shenry@habcenter.org (561)886-3029	Last Name	Henry	
e. E-mail Address f. Phone Number	shenry@habcenter.org (561)886-3029	Last Name	Henry	
e. E-mail Address f. Phone Number Lobbyist Contact I	shenry@habcenter.org (561)886-3029 nformation	Last Name	Henry	

d. Phone Number (561)253-3232