

LFIR # 2867

a. 11 ves. indicate h	_	ınt per year. at can be used	Lin lieu of st	ate funding]
Is future funding likea. If yes, indicate n	•		No			
Q le future funding li	valy to be request	od?	No			
(yyyy-yy)	Recurring	Nonrecurrii	A	priation #	veloed	
8. Has this project pro		state funding?		ecific	Vetoed	1
Total Project Costs	for Fiscal Year 2	024-2025		3,000,000	100%	
Other				0	0%	
Local				1,000,000	33%	1
State (excluding the	amount of this red	uest)		0	0%	1
Matching Funds Federal				0	0%	-
Total State Funds R	equested (from qu	estion #6)		2,000,000	67%	
Type of Funding			Amo		Percentage	_
7. Total Project Cost f	or Fiscal Year 202	24-2025 (includ	ling matchin	g funds ava	ilable for this proj	ect)
Total State Funds I	Requested				2,000,000	
Fixed Capital Outlay					1,880,000	
Operations					120,000	1
Type of Funding				Amo	unt	
6. Amount of the Noni	recurring Reques	t for Fiscal Yea	ır 2024-2025			
State Agency conta	•					
5. State Agency to rec		unds Ager	ncy for Perso	ns with Disab	pilities	
adults with Autism S	pectrum Disorder (autism an independ	(ASD). There wi	ill be a total o	f 20 units bui	It for the supported	orted living for young I living. The goal is to s and receive vocational
4. Project/Program De	escription					
3. Date of Request	. Date of Request 01/08/2024					
2. Senate Sponsor	Jonathan Martin					
	Family Initiative	ig				



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Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
 - a. What is the current phase of the project?

Family Initiative will own the building

O Planning	O Design		O N/A	
b. Is the project '	'shovel ready" ((i.e permitted)?		No
c. What is the es	timated start da	te of construction?		August 1 2024

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the

relationship between the c	owners of the facility and the	entity.	

June 30th 2025

13. Details on how the requested state funds will be expended

d. What is the estimated completion date of construction?

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	To pay for project management and administrative staff.	120,000
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	Architect, engineers, interior design, environmental instruction.	180,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Acquisition of property and construction of the property.	1,700,000
Total State Funds Requested (m	ust equal total from question #6)	2,000,000

14. Program Performance

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

The purpose of the funds are to support the development of unique space to serve as a supported living facility for adults with Autism. The supported living will have 20 units available where young adults can receive vocational training for jobs to assist with workforce issues.

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

The project will provide affordable housing to adults with autism and other disabilities. The supported living will also provide an environment for the adults to continue gaining and growing their vocational skills training. The goal is for these young adults to acquire jobs and earn the skills necessary to live either independently and/or with limited supports.



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c. What direct ser	vices will	be provided to	citizens by t	he appropriat	ion project?	?
Direct services wil	II include a	ffordable housing	g, supportive	services and v	vocational sk	ills training.
d. Who is the targ	et populat	tion served by t	his project?	How many in	idividuals ai	re expected to be served?
Individuals with A	utism. Up t	o 20 adults living	g in the suppo	orted living unit	ts.	
•	ected ben	efit or outcome	of this proj	ect? What is t	the methodo	ology by which this outcome will
be measured?						
The benefits of the employment. Furth	e project a ner, this wil	re to provide adu I help address th	ılts with Autis ne need for m	m a safe place ore affordable	e to live and the housing for	the training to secure gainful adults with disabilities.
f. What are the su	ggested p	enalties that the	e contractin	g agency may	consider ir	n addition to its standard penalties
for failing to meet	deliverab	les or performa	ınce measur	es provided f	or the contr	act?
Recoupment of fu	nds for fail	ing to meet deliv	rerables.			
15. Requester Contact	t Informati	ion				
a. First Name	David		Last Name	Brown		
b. Organization	Family In	Family Initiative				
c. E-mail Address	dbrown@fi-florida.org					
d. Phone Number	(239)691	-4517	Ext.			
16. Recipient Contact	Information	on				
a. Organization	Family In	itiative				
b. Municipality and	d County	Lee				
c. Organization Ty	pe					
□For Profit Entity						
☑Non Profit 501(d	c)(3)					
□Non Profit 501(d	c)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Anjali		Last Name	Van Drie		
e. E-mail Address	avandrie	@fi-florida.org				
f. Phone Number	(239)645	-0458				
17. Lobbyist Contact I	nformatio	n				
a. Name	Kristina N	Marie Houlihan				
b. Firm Name						



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c. E-mail Address	khoulihan@fi-florida.org
d. Phone Number	(239)994-0605