

The Florida Senate Local Funding Initiative Request

LFIR # 1691

FISCAI	rear	2025-2020	

1. Project Title HabGreens Microgreens for Growth: Empowering Work Opportunities -People with Disabilities

2. Senate Sponsor Tina Polsky

3. Date of Request 2/24/2025

4. Project/Program Description

The program will leverage HabCenter's existing manufacturing infrastructure to create a new opportunity for clients to produce, consume and sell healthy microgreens. The initiative will provide employment for people with disabilities, while equipping them with the skills to make and sell healthy microgreens. Clients will sell to local vendor or farmers markets. It will promote the physical health of clients by empowering them to grow enjoy nutrient-rich microgreens with their families.

5. State Agency to receive requested funds Ag

Agency for Persons with Disabilities

State Agency contacted? No

9.

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	225,000
Fixed Capital Outlay	25,000
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	250,000	70%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	30,000	8%	
Local	2,500	1%	
Other	75,000	21%	
Total Project Costs for Fiscal Year 2025-2026	357,500	100%	

8. Has this project previously received state funding? If yes, provide the most recent instance:

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
Is future-year funding likely to be requested?		No			
a. If yes, indicate r	nonrecurring amou	nt per year.			
b. Describe the source of funding that can be used in lieu of state funding.					

Complete questions 10 and 11 for Fixed Capital Outlay Projects

No

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10. Status of Construction a. What is the current phase ③ Planning 〇 Designation				
b. Is the project "shovel re c. What is the estimated st		Yes]	
	ompletion date of construction?	06/01/2026]	
	II be used for ongoing operations a erations and fundraising campaigns ility for the program.			

11. 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.

HabCenter Boca Raton.

12. 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		
Salary and Benefits	Funds for employees, instructors and paraprofessional, 101 disabled employees, and support staff. HabCenter depends on these dedicated individuals to deliver programmatic instruction, manufacturing, vocational training, and other hands-on training, etc., as well as to facilitate enrichment activities for individuals with lifelong disabilities and mental health issues to develop employment skills.	150,000
Expense/Equipment/Travel/Supplies/ Other	Request for funding equipment, marketing and development costs, marketing deliverables, training, program branding, vehicle maintenance, transportation expenses, supplies, equipment, field trips to sell products, operations, etc.	75,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The property is 47 years old and in need of repairs to the nursery, building structure, painting, AC, refrigeration, potting sheds, and various capital improvements, etc. to secure and enhance facility to improve and ensure program sustainability, updates facility to accommodate new programs needs, etc.	25,000
Total State Funds Requested (m	ust equal total from question #6)	250,000

13. Program Performance

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



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The funds will establish a sustainable microgreens program at HabCenter, providing clients with paid work, inclusive market opportunities, hands-on learning in healthy cultivation, improved community health, and enhanced social engagement.

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

HabCenter's microgreens program for high-impact benefits: paid work for clients, inclusive market opportunities, earned income for sustainability, and hands-on learning in healthy cultivation. Outcomes include establishing a microgreens program, meaningful paid training, improved health and food security, and increased community engagement, all tracked through robust evaluation plans.

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

Provide an opportunity for individuals with lifelong disabilities and mental health issues to achieve vocational and economic independence. Clients will produce microgreen kits, inclusive market participation, hands-on learning in cultivation, improved health and food security, and enhanced community engagement, fostering economic, social, and nutritional well-being.

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 through gardening program, 100+ clients will earn income by working in the program. Funding helps to expand the number of clients served.

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

be measured?

Clients will receive pre-vocational, vocational, or employment preparation training, equipping them with essential skills for economic self-sufficiency. The program provides opportunities for over 100 clients to earn income, fostering financial independence and enhancing their overall economic stability. 70% of clients will successfully achieve their pre-vocational, vocational, or employment goals, as measured by regular assessments and feedback sessions. Participants will make tangible progress towards economic self-sufficiency and 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 in the contract?

Implementation of Corrective Action Plan.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- □ Mitigation (reducing or eliminating potential loss of life or property)
- **Response (addressing the immediate and short-term effects of a natural disaster)**
- Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- □ Yes, Applied
- □ Yes, Received
- 🗆 No



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□ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

□ Yes, Applied

□ Yes, Received

🗆 No

□ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

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

18. Recipient Contact Information

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

b. Municipality and County Palm Beach

c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

□Non Profit 501(c)(4)

Local Entity

□University or College

□Other (please specify)



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d. First Name	Khelia	Last Name	Gihozo	
e. E-mail Address	kgihozo@habcenter.org			
f. Phone Number	(561)931-3795	Ext.		
19. Lobbyist Contact I	nformation			
a. Name	Mathew Forrest			
b. Firm Name	Ballard Partners			
c. E-mail Address	mat@ballardpartners.com	۱		
d. Phone Number	(561)253-3232			

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.