



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3555

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This program establishes a training and engagement space for youth and young adults with disabilities attending The Annual Family Café. Youth engagement facilitators will develop and hold a youth-friendly, intentionally designed space centered on well-being, cross-disability, and trauma-informed considerations. Drop-in stations will be available anytime during conference hours. Developmental leadership and experiential activities, as well as facilitated prosocial sessions, will be offered.

5. State Agency to receive requested funds

State Agency contacted?

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

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operating                          | 150,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>150,000</b> |

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)       | 150,000        | 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 2025-2026</b> | <b>150,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. Is future-year 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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3555

#### 10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

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.

#### 12. 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                    |   | 0              |
| Other Salary and Benefits  |   | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0              |
| Consultants/Contracted Services/Study                                  | Direct costs related to hosting the Club Cafe. These expenses will include planning and content development, expert facilitation, meeting room space, supplies, and data collection and evaluation. | 150,000        |
| <b>Operational Costs</b>   |   |                |
| Salary and Benefits  |   | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0              |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                |
| Construction/Renovation/Land/Planning Engineering                      |   | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>150,000</b> |

#### 13. Program Performance

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

The requested funding will allow The Family Cafe to support and operate Club Cafe during the 28th Annual Family Cafe.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3555

The purpose of Club Café is to create a youth-friendly space where expert youth engagement facilitators engage with youth and young adults in an intentionally designed space centered on holistic well-being, cross-disability experience, and trauma-informed considerations. Club Café is open as a drop-in space, while also offering developmental leadership, experiential learning activities, and facilitated prosocial sessions. It is designed with input from members of The Family Café's youth leadership development program, the Florida Youth Council, to ensure youth voice is represented and youth leaders co-deliver aspects of the Club Café stations and experience.

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

Attendees will be directly served through workshops, educational materials, training and other physical and mental health best practices for individuals with disabilities.

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

Youth and Young Adults with disabilities.

**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 of the Club Cafe is the continued growth of youth with disabilities. The methodology to determine outcomes will include a Survey (done with tablets provided by DOH), Action Research, Focus Group Collaboration and Evaluations. These will be followed up with a collective report containing all research and evaluation data.

**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?**

The Family Cafe has a long-standing working relationship with the Florida Department of Health and possesses a strong understanding of the expectations related to project performance and deliverables. The Family Cafe is prepared to meet DOH's expectations, to adjust implementation plans, and provide all necessary information and documentation to demonstrate a good faith effort to meet department requirements.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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 infrastructure)

**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
- ☐ 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:**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3555

**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**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3555

c. E-mail Address

d. Phone Number

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