The Florida Senate
Local Funding Initiative Request
Fiscal Year 2026-2027

LFIR # 1011

1. Project Title JAFCO - Children's Ability Center

2. Senate Sponsor Tina Polsky

3. Date of Request 10/7/2025

4. Project/Program Description

The JAFCO Children's Ability Center provides comprehensive support services and respite to families raising children with developmental disabilities. The Ability Center is a “one-stop-shop” for developmental disability services, providing services and support to the entire family. The center is open 24/7/365 to offer planned or emergency respite care, allowing caregivers of children with special needs to tend to their own needs while their child engages in socialization activities in a safe and caring environment.

5. State Agency to receive requested funds Agency for Persons with Disabilities

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	995,000
Fixed Capital Outlay	0
Total State Funds Requested	**995,000**

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	995,000	16%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	3,420,366	58%
Other	1,520,000	26%
Total Project Costs for Fiscal Year 2026-2027	**5,935,366**	**100%**

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	600,000	241A	No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 995,000

b. Describe the source of funding that can be used in lieu of state funding.

Private funding resources such as grants, special events and individual contributions.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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
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	Program staff including directors, social workers, therapists, BCBA (Board Certified Behavior Analyst), nurses and direct care staff.	895,000
Expense/Equipment/Travel/Supplies/ Other	Program supplies such as food, art supplies, music supplies, gym equipment, communication devices and computers.	100,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		**995,000**

13. Program Performance

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

The goal of the Ability Center is to reduce the stress of parents who are raising a child with a developmental disability while increasing the socialization and skills of their children, thereby helping to preserve the family unit and reduce out-of-home placement for children.

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

Services include center based respite as well as comprehensive support services to families raising a child with a developmental disability.

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

Services include day, evening, weekend, overnight, emergency or extended respite services that allow the children to enjoy social enrichment activities while their parents tend to their own needs and self-care. Additional services include social skills, life skills, support groups, parent education series, and parent/family socialization activities.

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

The program targets youth ages 0-22 years diagnosed with a developmental disability and their families. The program services approximately 350 children per year.

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

Outcomes include: 85% of parents/caregivers will report reduced stress; 90% of children served will maintain or improve developmentally appropriate skills; 90% of children served will be maintained in their home after starting respite services. Outcomes are measured using pre-and post-test scores on the Parenting Stress Index and on a developmental skills assessment for the children served.

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?

Standard penalties.

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
- ☐ 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	Matt	**Last Name**	Levin
b. Organization	JAFCO Children's Ability Center		
c. E-mail Address	matt@jafco.org		
d. Phone Number	(954)315-8680	**Ext.**	

18. Recipient Contact Information

a. Organization	JAFCO Children's Ability Center
b. Municipality and County	Broward

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	Matt	**Last Name**	Levin
e. E-mail Address	matt@jafco.org		
f. Phone Number	(954)315-8680	**Ext.**	

19. Lobbyist Contact Information

a. Name	Ellyn Bogdanoff
b. Firm Name	Becker & Poliakoff PA
c. E-mail Address	ebogdanoff@beckerlawyers.com
d. Phone Number	(954)364-6005

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