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

LFIR # 1062

1. Project Title Arc Broward Skills Training - Adults with Disabilities (AWD)

2. Senate Sponsor Tina Polsky

3. Date of Request 11/4/2025

4. Project/Program Description

This Program will provide a range of bundled services to help people with disabilities be ready to work with critical skills needed by employers; help them to identify career paths and learn basic financial and other skills to ultimately achieve and sustain economic security and self-sufficiency. The goal of these services is to help individuals obtain and maintain employment, complete career ready post-secondary education and/or increase knowledge of basic financial skills concepts and behaviors. Long-term engagement in services ultimately allows them to earn, keep and grow assets while remaining employed, out of poverty and achieving self-sufficiency.

5. State Agency to receive requested funds Department of Education

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	450,000
Fixed Capital Outlay	0
Total State Funds Requested	**450,000**

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)	450,000	35%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	80,000	6%
Local	175,000	13%
Other	600,000	46%
Total Project Costs for Fiscal Year 2026-2027	**1,305,000**	**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	400,000	28	No

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

a. If yes, indicate nonrecurring amount per year. 450,000

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

Private Foundations and Fundraising

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	Allocation of VP/Workforce Services	60,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Allocation of salaries and benefits for program staff which may include Arc Works Director, Trainer, Vocational Case Manager, Career Placement Manager, Admissions Coordinator, Employment Specialists, Career Placement Specialist, Job Placement Specialist, Contract Manager, Post-Secondary Program Manager, and Certificate Program Instructors	390,000
Expense/Equipment/Travel/Supplies/ Other		0
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)		**450,000**

13. Program Performance

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

Expand access to specialized post-secondary, rapid credential education programs and/or intensive and critically necessary employment supports for adults with disabilities.

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

Evidenced based “bundled” approach to providing short term post-secondary education leading to career opportunities; financial skills education; career employment counseling; case management and /or workplace supports to help adults with disabilities obtain and maintain employment, complete career ready post-secondary education and/or increase knowledge of financial stability concepts and behaviors. Long-term engagement in services ultimately allows them to earn, keep and grow assets and live financially secure lives.

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

Short term post-secondary certificate programs; case management supports; basic financial literacy skills education; job/career exploration/counseling and employment development, placement, on the job coaching and follow along.

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

Persons with disabilities; minimum of 120

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

Participants will engage in bundled service offerings and achieve one or more of the following outcomes: graduate from a short term, rapid credential post-secondary certificate program, increase financial literacy knowledge, obtain and maintain employment and/or increase access in the community.

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?

Notice with reasonable time to cure.

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	Julie	**Last Name**	Price
b. Organization	Arc Broward		
c. E-mail Address	jprice@arcbroward.com		
d. Phone Number	(954)732-1668	**Ext.**	

18. Recipient Contact Information

a. Organization	Arc Broward
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	Julie	**Last Name**	Price
e. E-mail Address	jprice@arcbroward.com		
f. Phone Number	(954)732-1668	**Ext.**	

19. Lobbyist Contact Information

a. Name	Susan K Goldstein
b. Firm Name	The Legis Group
c. E-mail Address	susan@legisgroupfl.com

d. Phone Number (954)830-6300

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