



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1260

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The project will address increased skill building and community integration opportunities for adults with significant disabilities. Brevard's Adults with Disabilities project is designed to:

- 1- Provide life skills training to those who are not currently able to sustain community employment.
- 2- Increase independence by teaching functional community and safety skills and decrease reliance on state funding.
- 3 - Enhance access to community involvement and enrichment activities.
- 4- Enhance the current adult educational environment to promote life-long learning.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	300,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	300,000	28	No

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.



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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	Direct Instructors and Trainers, Education Lead, Guidance Counselor: 7 FTE	300,000
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)		300,000

13. Program Performance

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

To increase life and community safety skills, build independence and ensure community involvement by adults with significant disabilities.

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



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Specific, highly-detailed curriculum will be used to train the many areas of life skills and expected behaviors in the community. Funding will also allow our participants with disabilities to participate in the community as much as possible, which is accomplished via community trips to local resources (library, Career Source, local employers, volunteering, etc.).

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

Adults with disabilities will receive intensive classroom instruction; participate in community practicums; hear from community leaders and other speakers; engage in numerous involvement outings and complete volunteer projects at multiple community-based organizations.

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

Adults with disabilities who need further life skills training; current and future participants in our Adult Day Training program who want to improve their life skills and become more fully engaged citizens. At a minimum, 80 individuals will be served.

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

- 1- 100 percent of participants will complete a skills interest inventory to access training, integration and development needs.
- 2- 100 percent of participants will demonstrate appropriate social and interpersonal skills in both workplace and community based settings.
- 3- At a minimum, 70% of participants will participate in two community integration activities per month.

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?

A portion of the contract is performance based, with incremental financial penalties for failure to meet deliverables.

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:



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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



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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.