



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1322

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The funding requested will be used for the following: 1) outreach across the state to ensure all individuals with IDD know about and have access to the application process; 2) all prospective residents and their families have one-on-one support during the pre-application, application, and lease up process; 3) all prospective residents receive the training needed to live as independently as possible; 4) relationships in the community are established so programming is set prior to lease up.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	46%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	45%
Other	100,000	9%
Total Project Costs for Fiscal Year 2026-2027	1,100,000	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		

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



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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	Executive Director - This position is vital for overseeing the successful launch and operation of Special Compass Living. The requested \$75,000 is allocated to his salary specifically for this project, ensuring dedicated leadership and effective resource utilization to meet project goals and enhance resident outcomes.	75,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Volunteer Coordinator - \$50,000 - This position is required to ensure the property has ample screened volunteers providing a full calendar of activities for the residents each day; both on site and in the community.	50,000
Expense/Equipment/Travel/Supplies/Other	Clubhouse furnishings for trainings, activities, and eventually meals (post lease up)- \$275,000 - The clubhouse will be furnished with commercial-grade tables, chairs, activity centers, computers and computer desks for inside the clubhouse and tables and outdoor tables and chairs; including accessible furniture for those in wheelchairs and walkers.	275,000
Consultants/Contracted Services/Study	Marketing Consultant- \$50,000 - This funding is crucial for promoting Special Compass Living, enhancing community awareness and support, and ensuring all families with intellectual and developmental disabilities in Florida are aware of the property and know how to apply. Program Consultant - \$50,000 - This funding will be used to create robust programming, that is focus group tested.	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0



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Total State Funds Requested (must equal total from question #6)

500,000

13. Program Performance

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

The funding requested will be used for the following: 1) outreach across the state to ensure all individuals with IDD know about and have access to the application process; 2) all prospective residents and their families have one-on-one support during the pre-application, application, and lease up process; 3) all prospective residents receive the training needed to live as independently as possible; 4) relationships in the community are established so programming is set prior to lease up.

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

Assisting people with disabilities with accessing information about the property and assisting them with the extensive application process; monthly programming including housing stability, financial literacy, community integration, social integration, workforce development; funds for furniture is needed for the area where activities will take place.

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

Prospective residents of Special Compass will be provided with guidance on application process, skill development for independent living, and support service options. Residents will be provided with myriad activities and programming to choose from to increase their independent living and workforce skills and develop healthy relationships both in and out of the Special Compass community.

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

Developmentally disabled. Individuals expected to be served is 60.

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

Enhancing economic self-sufficiency by: 1) Improved access to support services; 2) Financial literacy education; 3) Personal budget management; and 4) Job training. Skills will be measured using a comprehensive skills assessment tool that will be administered quarterly.

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?

We look forward to creating accountability standards with the agency assigned to administer the funding.

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



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- ☐ 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 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)



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d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

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.