



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1330

1. Project Title

2. Senate Sponsor

3. Date of Request

#### 4. Project/Program Description

\$ 550,000 will convert two Branches of ADE, Inc., serving adults with Autism and Disabilities since 1976, to a fully ADA Accessible building, by installing an elevator per branch. Consumers/Staff/Visitors with physical disabilities will be able to access the second floor of our ADE Central, and ADE Homestead Facilities, which is only accessible through stairs. The funding will cover the cost of plans, engineering, construction of elevator shaft, elevator cab, motor controls, installation, ventilation, heating/cooling, and Building Permits, City License & Fees. This will allow additional consumers with disabilities of APD, and the manage care Pilot Program to access our facilities.

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	50,000
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>550,000</b>

#### 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)	550,000	15%
<b>Matching Funds</b>		
Federal	530,313	15%
State (excluding the amount of this request)	2,121,684	60%
Local	171,200	5%
Other	188,000	5%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>3,561,197</b>	<b>100%</b>

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.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1330

## 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)?

Yes

c. What is the estimated start date of construction?

09/01/2025

d. What is the estimated completion date of construction?

11/30/2026

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

ADE has been a successful provider of services to adults with Autism and Disabilities since 1976, License & main funding source for operations is State Agency for persons with Disabilities. Additionally we procure local grants to subsidize the cost of our operations. This one time ask will allow additional APD consumers, and Wait-list consumers receiving new services through the Manage Care Pilot Program to access more areas of our Doral and Homestead facilities, with 2 elevators.

### 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.

ADE is a 501(c)3 non-profit entity. It does not have personal ownership. It is run by a Voluntary Board of Directors. The CEO has been with the company for 45 years, and manages the operations of the company. No board member or management staff will receive any remuneration from these funds or project. Our non-profit owns the land and building where the construction will take place, it is non transferable to The Board or to Management.

### 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		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	THE COSTS BELOW INCLUDE TWO ELEVATORS: Plans and Engineering \$ 25,000 Building Permit Processing, License, permit and DERM Fees \$ 25,000	50,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	THE COSTS BELOW INCLUDE TWO ELEVATORS: Construction of Elevator Shaft and Surroundings \$160,000 Interior Finishes \$30,000 Elevator Lighting and Generators \$100,000 Elevator Cab, Motor, and controls \$ 180,000 Ventilation, Heating, Cooling \$30,000	500,000



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1330

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

550,000

#### 13. Program Performance

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

The goal is to construct infrastructure and install elevators at two of our agencies buildings, serving adults with Autism and Disabilities since 1976. This will allow additional physically challenged consumers to receive Life Skills and Vocational Training in the second stories at our Doral and Homestead Facilities in Miami-Dade County. It will allow additional consumer enrollment and additional job creation. It will satisfy Adults with Disabilities Act requirements.

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

Physically Challenged consumers will access the 2nd floor of our existing facilities to receive Training in Life Skills, Vocational Skills, Companion Skills, Employability Seeking Skills, Employment on the Job-training, Community Inclusion, and Transportation will be offered in the newly accessible space with the funds from this appropriation to APD consumers and those participating in the Manage Care Pilot Program in Miami Dade County.

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

We will be able to provide programs and services to approximately 50-100 additional consumers. Some may be referred through Support Coordination Services from the wait list of The Agency for Persons with Disabilities or from Florida Community Care-Manage Care Pilot Program.

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

The targeted population are adults 21 and older, with Autism, Intellectual and Developmental Disabilities, and or secondary physical/behavioral challenges.

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

To expand the accessibility capacity at "ADE's Miami-Dade County Central Branch & Doral Branch", which provides Life Skills and Work Development Skills to persons with Developmental Disabilities", located at 7330 NW 12 Street, Miami, and 200 NE 2nd Drive, Homestead. These two facilities do not have elevator services, and thus the second floor of either buildings cannot be accessed by consumers with physical handicaps. To convert these two locations fully accessible ADA compliant buildings will allow our existing curriculum and services to opened up to a broader number consumers within our unique population. Marketing independence and a path to workforce development.

##### 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?

ADE, Inc. commits to presenting DEO with clear outcomes and quantifiable deliverable goals and objectives that clearly define our service commitment to the program that will be funded by this Special Appropriation. Should ADE not be able to fully comply with its target goal we will accept penalty by reduction of funding, quantifiable to the percentage of the unmet goal. ADE commits to expend all funds allotted. We have a history of not lapsing funding. We realize the value of this 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):



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1330

**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**

<b>a. First Name</b>	<input type="text" value="HELENA"/>	<b>Last Name</b>	<input type="text" value="DEL MONTE"/>
<b>b. Organization</b>	<input type="text" value="ADE-Association for the Development of the Exceptional, Inc."/>		
<b>c. E-mail Address</b>	<input type="text" value="hdelmonte@ademiami.org hdelmonte5@gmail.com"/>		
<b>d. Phone Number</b>	<input type="text" value="(305)505-3238"/>	<b>Ext.</b>	<input type="text"/>

**18. Recipient Contact Information**

<b>a. Organization</b>	<input type="text" value="ADE-Association for the Development of the Exceptional, Inc."/>
<b>b. Municipality and County</b>	<input type="text" value="Miami-Dade"/>
<b>c. Organization Type</b>	
<input type="checkbox"/> For Profit Entity	
<input checked="" type="checkbox"/> Non Profit 501(c)(3)	
<input type="checkbox"/> Non Profit 501(c)(4)	



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1330

☐ 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

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.*