

LFIR # 1465

1.	Project Title	ARI Big Bend North Florida Ed	ducatio	nal Program					
2.	Senate Sponsor	Corey Simon							
3.	Date of Request	11/10/2025							
4.	Project/Program De	escription							
	programs, exhibits an addition, ARI will exp	Institute (ARI) will continue to provide historical, archaeological, and scientific education d opportunities to a region of Florida which is traditionally under-served for such programs. In and both the number and types of programs available and continue to improve programs previously nsion of on-line resources and continued receipt of student and educator feedback.							
5.	State Agency to rec	eive requested funds De	partme	ent of Education					
	State Agency conta	cted? Yes							
	•		.a. 202	ne 2027					
O. <i>I</i>		ecurring Request for Fiscal Ye	ar 202			1			
	Type of Funding			Amo					
ŀ	Operating				400,000				
ŀ	Fixed Capital Outlay Total State Funds R	Paguastad		400,000					
ı	Total State Fullus N	requesteu			400,000				
7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)									
٠.						1			
. .	Type of Funding	()		Amount	Percentage]			
	Total State Funds Re	equested (from question #6)] 			
	Total State Funds Re	·		Amount 400,000	Percentage				
	Total State Funds Re Matching Funds Federal	equested (from question #6)		Amount 400,000	Percentage 100%				
	Total State Funds Re Matching Funds Federal State (excluding the	·		Amount 400,000	Percentage 100% 0% 0%				
	Total State Funds Rematching Funds Federal State (excluding the Local	equested (from question #6)		Amount 400,000 0 0	Percentage 100% 0% 0% 0%				
	Total State Funds Re Matching Funds Federal State (excluding the	equested (from question #6)		Amount 400,000	Percentage 100% 0% 0%				
	Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from question #6)		Amount 400,000 0 0	Percentage 100% 0% 0% 0%				
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	equested (from question #6) amount of this request)		Amount 400,000 0 0 0 0	Percentage 100% 0% 0% 0% 0%				
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	equested (from question #6) amount of this request) for Fiscal Year 2026-2027 eviously received state funding		Amount 400,000 0 0 0 400,000 Yes	Percentage 100% 0% 0% 0% 0%				
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r Fiscal Year (yyyy-yy)	equested (from question #6) amount of this request) for Fiscal Year 2026-2027 eviously received state funding most recent instance: Amount Recurring Nonrecuri	j?	Amount 400,000 0 0 0 400,000 Yes	Percentage 100% 0% 0% 0% 0% 100%				
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	equested (from question #6) amount of this request) for Fiscal Year 2026-2027 eviously received state funding most recent instance: Amount Recurring Nonrecuri]?	Amount 400,000 0 0 0 400,000 Yes	Percentage 100% 0% 0% 0% 0% 100%				
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r Fiscal Year (yyyy-yy) 2025-26	equested (from question #6) amount of this request) for Fiscal Year 2026-2027 eviously received state funding most recent instance: Amount Recurring Nonrecuri	j?	Amount 400,000 0 0 0 400,000 Yes Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%				
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r Fiscal Year (yyyy-yy) 2025-26 Is future-year funding	equested (from question #6) amount of this request) for Fiscal Year 2026-2027 eviously received state funding most recent instance: Amount Recurring Nonrecurring 0 40	j?	Amount 400,000 0 0 0 400,000 Yes Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%				
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r Fiscal Year (yyyy-yy) 2025-26 Is future-year funding a. If yes, indicate no	equested (from question #6) amount of this request) for Fiscal Year 2026-2027 eviously received state funding most recent instance: Amount Recurring Nonrecurring 0 40 ng likely to be requested?	ing 00,000	Amount 400,000 0 0 0 400,000 Yes Specific Appropriation # 111 Yes 400,000	Percentage 100% 0% 0% 0% 0% 100% Vetoed				



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10. Status of Construction

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

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a. What is the cu	irrent phase of t	he project?						
Planning	O Design	Construction	O N/A					
b. Is the project	"shovel ready" ((i.e permitted)?						
c. What is the es	stimated start da	te of construction?						
d. What is the es	d. What is the estimated completion date of construction?							
e. What funding	stream will be u	sed for ongoing ope	rations a	nd maintenance	of the project?			
1. List the owners	s of the facility to	o receive. directly or	indirectl	v. anv fixed capit	al outlav funding	. Include the		
	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	Administrative expenses will be provided by Healthyways, Inc including support staff, classroom facilities, office space, exhibit space, and utilities.	160,000				
Operational Costs						
Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/Other	Brochures, handouts, classroom supplies and equipment. Maintenance, transportation of traveling exhibits and crew.	51,000				
Consultants/Contracted Services/Study	Contracted researchers, educators, support team, IT, Social Media, and Videographer for production of educational material	189,000				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (must equal total from question #6) 400,000						

13. Program Performance

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

The specific purpose and goal of the funding requested is to provide educational programs and resources in support of multiple student populations (public, private, and home schoolers) for the areas of the Big Bend and northern Florida which are traditionally under-served.

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



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The activities and services provided will include classroom and field programs for students and educators within the area served; video classes and instructional resources which can be used by educators and students; training for educators to allow such programs and resources to be provided by each district and school for their students; and improvement based on feedback and assessment results.

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

Direct services provided will include classes, both within classrooms and in the field, provided by ARI, creation of educational resources as requested by educators, administrators and others based on existing needs provided by educators and administrators; and hands-on training of educators in the programs created so they can be used throughout the area served in the future.

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

Pre, grade and high school students as well as home school students and at risk students, underserved and low-income communities who have little or no access to such programming. The target area includes Madison, Taylor, Dixie, Hamilton, Suwannee, Leon, Wakulla, Jackson, Franklin and Jefferson Counties. The total student population in these areas is 75,994.

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

The expected outcome of this project is the providing of educational opportunities and resources throughout the area served that are normally not available for students in the region, including particularly under-served communities and districts, and the engagement of students in the learning process through "hands-on" learning. The methodology for the measurement of these projected outcomes includes both direct measurement of improved student learning through test scores and through feedback from both students and educators.

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?

The institute, in the event of willful failure to meet the deliverables outlined, will return unexpended funds to the state and provide a statement of the circumstances surrounding such failure if needed.

	and	d provide a statement of the circumstances surrounding such failure if needed.
14	. Is tl	his 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. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
15	. Has	s the entity applied for or received federal assistance for this project?
	□ Y	es, Applied
	□ Y	es, Received
		No
		No, but intends to apply
	a. If	yes, provide the FEMA project worksheet ID#:



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b. Provide the total	I project cost listed on the	e FEMA proj	ect worksheet:	1		
6. Has the entity app	olied for or received state	assistance f	or this project	(other than	this request)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends t	to apply					
	e program and state ager	ncy (ex. Loca	I Government	Emergency	Bridge Loan	ı, Department
7. Requester Contac	t Information					
a. First Name	Jana	Last Name	Grubbs			
b. Organization	Aucilla Research Institute	, Inc				
c. E-mail Address	healthyways01@embarqr	mail.com				
d. Phone Number	(850)933-6286	Ext.				
8. Recipient Contact	Information					
a. Organization	Aucilla Research Institute	, Inc.				
b. Municipality and	d County Jefferson					
c. Organization Ty	pe					
□For Profit Entity						
☑Non Profit 501(d	c)(3)					
□Non Profit 501(d						
□Local Entity	-/(/					
□University or Co	ollogo					
·	_					
□Other (please sp	pecity)	7				
d. First Name	Jana	Last Name	Grubbs			
e. E-mail Address		7				
f. Phone Number	(850)933-6286	Ext.				
9. Lobbyist Contact I						
a. Name	Nicole Kelly					



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b. Firm Name	The Southern Group	
c. E-mail Address	kelly@thesoutherngroup.com	
d. Phone Number	(850)671-4401	

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