



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1656

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding will be used to continue the growth of assistive technology services provided by FAAST, the states assistive technology program, to individuals who have disabilities. All services are provided at no cost to Floridians. The funds will go directly to program costs for the FAAST regional demonstration center partners with a focus on meeting increased needs to continue providing expanded services while also creating new regional partners to fill service gaps in outlying areas. Prior non-recurring funding allowed for service expansion with the addition of new centers that have targeted outlying areas, and this funding will help FAAST support continued expansion.

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	325,000
Fixed Capital Outlay	0
Total State Funds Requested	325,000

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)	325,000	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	325,000	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	385,585	30	Yes

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.

FAAST receives contract funding from the Florida Department of Education, Division of Vocational Rehabilitation (Contract 24-101) and the Administration for Community Living (ACL Grant No. 2501FLATSG-02). However, current funding does not allow for growth as planned.



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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		0
Expense/Equipment/Travel/Supplies/Other	Assistive technology (AT) (\$95,000) will be purchased to improve lending libraries at all existing regional demonstration centers as well as AT purchased for designated rural and outlying counties through satellite device libraries and through work with collaborative partners. Additional travel expenses (\$5,000) will be allocated for existing demonstration centers to be able to serve outlying areas more frequently.	100,000
Consultants/Contracted Services/Study	New demonstration centers and/or satellite centers (\$75,000) will be created to fill gaps in service delivery reach. Funding will be used to ensure existing contract partners are able to continue to meet deliverable performance in an increasing cost environment. (\$150,000).	225,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		325,000

13. Program Performance

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



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The specific purpose of this funding request is to allow FFAST to continue to provide assistive technology (AT) access and services to all Floridians with disabilities through an expanded network of regional demonstration centers (RDC) and collaborative partners. Through prior non-recurring funding, FFAST was able to expand the RDC network resulting in an increase of over 50% in services provided. While this was very successful, data shows that there is still a need to bridge gaps in geographical service areas, with a continued focus on rural areas and outlying counties to the existing RDC network. Funding will be used to increase service delivery options to these areas, resulting in a continued increase in services provided, anticipated to go from 25,900 in 2025 to over 28,000 with the new funding.

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

FFAST will create better access to assistive technology and assistive technology services to outlying areas while increasing services in core service areas through greater collaboration with other disability, education, and employment service partners. School to work transition and aging/staying in place will be focus areas. Existing regional demonstration centers will become better equipped to serve the areas that are outside of their direct service area. Additionally, these areas will be provided with direct services through improved collaboration and partnerships to include satellite type AT lending kits, new partner locations, and funding for more frequent travel by existing partners. This program will also allow for the purchase of updated and new AT for consumers to borrow on short term loans. Up to date inventory is imperative for consumers to make informed choices, assist with education and employment opportunities and become more independent.

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

Citizens will be provided with greater access to the core services of FFAST which include AT device demonstrations, allowing for the comparison of various types of AT to assist in decision making activities. AT device trainings which provide citizens with the knowledge and ability to use AT, short term device loans which allow citizens to take home or have AT shipped to them for the purpose of using the AT at home, work, school, and in the community before making a buying or acquisition decision. Device reutilization which provides for the repair and/or refurbishment of used AT, typically durable medical equipment, and gets it back into the hands of citizens in need. All of the services provided by FFAST are free to the citizens of Florida.

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

The target population consists of: Individuals of any age who have any disability including elderly persons; family members and caregivers of those individuals; anyone else interested in or working with the disability community where assistive technology access or knowledge will improve the work, they provide to those with disabilities. Approximately 2,000 additional individuals will be served through the increased funding bringing total FFAST services provided to over 28,000 for the upcoming year.

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

The expected benefit of the project is increased and improved independence for individuals with disabilities through increased access to assistive technology services. Current measurement tools will be incorporated into the project. Performance Measures are collected and reported through an annual progress report requested by the Administration for Community Living and the Florida Department of Education (included in the contract with DOE). Survey questions used to address performance measures are: primary purpose for which demonstrated assistive technology is needed and decision-making outcome; primary purpose of short-term loan and decision-making outcomes; reason for accessing loaned assistive technology; and primary purpose for which assistive technology is needed and reason for using the reuse program. Program satisfaction and demographic data are collected. County by County performance will be monitored and studied for rural county growth success.

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 current contract with Department of Education, Division of Vocational Rehabilitation includes financial consequences for not meeting deliverables and performance measures.

14. Is this project related to mitigation, response, or recovery from a natural disaster? ☐ No

a. If Yes, what phase best describes the project?



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- ☐ 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:

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**



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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

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.