



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1687

1. Project Title Day Program for Adults with Severe Mental Health and Developmental Impairments- Palm Beach Gardens

2. Senate Sponsor Mack Bernard

3. Date of Request 12/2/2025

4. Project/Program Description

The funds will be used to provide a day program for adults with intellectual and developmental disabilities and/or severe mental health conditions, who will engage in educational workshops, fitness programs, and other activities that promote independence, develop cognitive skills and enhance quality-of-life for families. The activities are led by trained professionals.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

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	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	300,000	50%
Total Project Costs for Fiscal Year 2026-2027	600,000	100%

8. Has this project previously received state funding? No

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? Yes

a. If yes, indicate nonrecurring amount per year. 300,000

b. Describe the source of funding that can be used in lieu of state funding.

Funds raised from individual donors and private foundations.

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Indirect Admin Fee of 10%; Grant Management Fee of 5%: Pre-award and post-award administration, compliance, management, tracking and reporting. Includes continuous quality assurance.	39,130
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	For July 1, 2026 - June 30, 2027: Day Program Operations Director: \$88,065 at 75% of FTE; Day Program Activities Director: \$58,688 at 75% of FTE; Licensed Psychologist for client assessments at 10% of FTE: \$15,079; Chief Clinical and Impact Officer for direct program oversight: \$10,130 at 5% of FTE.	171,962
Expense/Equipment/Travel/Supplies/Other	Equipment and materials for guided Day Program Activities: fabrics, flowers, mats/chairs, books, craft items (plain and colored paper, non-toxic glue, paints, markers, crayons, non-permanent stickers), sensory items, etc., games/puzzles, books; technology for streaming music and closed-circuit video for soothing sounds and images. Supplies for monthly open-house assessments.	84,465
Consultants/Contracted Services/Study	For clients with functional impairments: Licensing fees or subscriptions for client assessment / evaluation tools: DLA-20 to gauge functioning in daily living activities: 100 clients, 3 times ann. (pre, mid, post); Vineland-3 to measure adaptive abilities twice ann. (pre, post); WAIS-5 to measure adult IQ (1x at program onset. This is for assessment; not to measure outcomes); electronic health record database (programmatically use only).	4,443
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000



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13. Program Performance

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

The funds will be used to provide a day program for adults with intellectual and developmental disabilities and/or severe mental health conditions, who will engage in educational workshops, fitness programs, and other activities that promote independence, develop cognitive skills and enhance quality-of-life for clients and their families. The activities are led by trained professionals.

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

Group classes will be provided on enhancing coping skills, managing illness, and fostering healthy communication and social skills. Classes such as arts and crafts, cooking, and fitness activities will also be taught.

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

Credentialed professional staff will perform assessments of clients' daily living activities, adaptive skills, and IQ to create a personalized activity plan tailored to functioning and interests. Adults with special needs and severe mental illness will engage in activities that reduce isolation and promote social and cognitive skills twice a week at no cost to families without financial resources.

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

100+ adult individuals who reside within approximately 15 miles of JFS' Palm Beach Gardens facility serving with adults with intellectual and developmental disabilities as well as severe mental health conditions will be evaluated by credentialed behavioral professionals.

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

Clients' daily living abilities will be assessed using the DLA-20, along with adaptive skills and IQ. Activity choices will be based on assessment scores. Group leaders will track engagement and participation. The DLA-20 will be administered at onset, midway, and at the end of FY2026-27. The Vineland-3 comprehensive assessment will be used at the start and end of FY2026-27 to evaluate and track clients with intellectual disabilities, autism spectrum disorder, and related needs to guide targeted activity plans and measure adaptive-skills progress. The WAIS-5 will be used at the onset to measure IQ. All test results will be tracked in Welligent Electronic Health Record software. Quality Assurance survey results, along with caregiver and family reports of behavioral, social, and/or functional changes, will also be tracked.

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?

If we fail to deliver services as described in this application and/or the contract with DCF, we will negotiate return of funds.

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?



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- ☐ 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

b. Municipality and County

c. Organization Type

☐ For Profit Entity

☒ Non Profit 501(c)(3)

☐ Non Profit 501(c)(4)

☐ Local Entity



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☐ 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.