



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1688

1. Project Title Behavioral Challenges Therapeutic Inclusion Program - Creating Pathways to Possibilities

2. Senate Sponsor Mack Bernard

3. Date of Request 11/18/2025

4. Project/Program Description

Our Sacred Academy serves children and young adults with the most profound developmental and behavioral challenges. Most students have been turned away from other schools or therapeutic programs. The Behavioral Challenges Therapeutic Inclusion Program – A Last Chance for Success establishes a structured therapeutic inclusion model providing behavioral stabilization, life skills development, and compassionate exposure to community and vocational settings.

5. State Agency to receive requested funds Department of Education

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	48%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	275,000	52%
Total Project Costs for Fiscal Year 2026-2027	525,000	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. 00

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

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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	Certified educator, LifeSkills Instructor/Transition educator, Behavior Support Staff, salary.	140,000
Expense/Equipment/Travel/Supplies/Other	Travel for community based instruction, program and supplies and operational expenses.	80,000
Consultants/Contracted Services/Study	Safety-Care/ Physical Management Training and Professional Development.	30,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

13. Program Performance

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

Our Sacred Academy serves children and young adults with the most profound developmental and behavioral challenges. Most students have been turned away from other schools or therapeutic programs. The Behavioral Challenges Therapeutic Inclusion Program – A Last Chance for Success establishes a structured therapeutic inclusion model providing behavioral stabilization, life skills development, and compassionate exposure to community and vocational settings.



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

The program integrates applied behavior analysis (ABA), sensory integration therapy, and adaptive life skills instruction for nonverbal and self-injurious students. It represents a final opportunity for meaningful growth, communication, and inclusion for children otherwise at risk of institutionalization.

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

The program will reduce behavioral crises and self-injurious behaviors through structured therapeutic intervention. Increase functional communication and independent life skills among participants. Provide inclusive community experiences to improve socialization and confidence. Demonstrate a replicable model for serving Florida's most behaviorally challenged students.

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

Persons with Autism, Down syndrome, cerebral palsy, ADHD, medical needs, severe behavior challenges Persons with poor mental health, persons with poor physical health, economically disadvantaged persons, at risk youth, developmentally disabled, grade school students, middle/high school students.

Amount to be served: 51-100

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

Staff will use goal-tracking checklists updated daily during instruction and community outings. Regular health assessments and caregiver feedback will document improvements. Behavior Support Staff will track incidents using behavior data logs and intervention progress notes. Standardized mental health screening tools (e.g., Strengths and Difficulties Questionnaire) 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?

Notification with opportunity to remedy.

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
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:



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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)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information



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a. Name	<input type="text" value="Susan K Goldstein"/>
b. Firm Name	<input type="text" value="The Legis Group"/>
c. E-mail Address	<input type="text" value="susan@legisgroupfl.com"/>
d. Phone Number	<input type="text" value="(954)830-6300"/>

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