



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1880

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The program at HabCenter provides individualized wraparound services for individuals with disabilities to gain essential skills, achieve personal growth, and live purposeful lives with dignity and respect. Since 1978, HabCenter has served over 200 clients annually through developmental and vocational training, occupational therapy, and mental health counseling. Our skilled team is committed to empowering individuals with disabilities to reach their full potential.

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              |
| <b>Total State Funds Requested</b> | <b>325,000</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)       | 325,000        | 42%         |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 50,000         | 7%          |
| Local  | 15,000         | 2%          |
| Other  | 375,000        | 49%         |
| <b>Total Project Costs for Fiscal Year 2026-2027</b> | <b>765,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2023-24                  | 0         | 225,000      | 243A                        | No     |

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.

**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         |
|--|---|----------------|
| <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  | Funding to hire Program Manager, pay social workers, direct support staff, teachers, technicians, mental health professionals and instructors, etc. Funds will help implement individual and group activities program. with robust and enriching offerings for individuals to reach their full potential. Having dedicated and committed employees, is the heart of the program and drives its success. | 325,000        |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0              |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                |
| Construction/Renovation/Land/Planning Engineering                      |   | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>325,000</b> |

#### 13. Program Performance

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



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The requested funds will support HabCenter's mission to provide individualized wraparound services that empower individuals with disabilities to gain essential life skills, experience personal growth, and live purposeful, dignified lives. Funding will sustain and strengthen the programs comprehensive services, including developmental and vocational training, occupational therapy, and mental health counseling which serve approx. 200 individuals annually. These resources will enable HabCenter's skilled team to continue delivering high-quality, person-centered support that helps each participant reach their full potential.

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

Comprehensive, individually tailored life skills building, developmental training, create connections, build creative confidence and inspire clients, programing that provide sufficient skills and knowledge to increase the capability of people with disabilities in areas of self-help, adaptive, social skills, or secure/maintain competitive jobs in the community. Program will serve over 200 clients.

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

The program provides direct services to individuals with disabilities and mental wellness needs, including vocational training, continuing education, social and recreational opportunities, independent living skills, financial literacy, and advocacy. The program empowers participants to build confidence, achieve independence, and live with dignity and purpose.

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

Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, Developmentally disabled, Physically disabled, and Victims of crime.  
101-200 individuals served.

**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 to support approximately 200 individuals with disabilities in developing essential life and social skills that enhance their overall well-being. Participants will experience increased self-confidence and self-esteem, improved communication and problem-solving abilities, stronger coping and conflict-resolution skills, and greater social engagement. The program will also foster a sense of purpose, connection, and personal and professional growth, while reducing isolation, stress, and anxiety.  
To measure these outcomes, the Program Administrator will use designated computer software to track participant progress, monitor learning outcomes, document skill development, and record accomplishments over time. Regular evaluations and progress reviews will ensure each individual is meeting their goals and benefiting from the services provided.

**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?**

Implementation of Corrective Action Plan

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)



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☐ 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.*