



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1881

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Family Support Center at FND is dedicated to providing individualized guidance to families of children with disabilities, special health needs, and mental health challenges. Through curated resources, in-person and virtual trainings, and statewide outreach from Escambia to Monroe, we will strengthen families' ability to navigate education, health, and mental health systems for improved outcomes.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	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	500,000	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		

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
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	Salaries related to direct services to families for children with disabilities, health and mental health needs, an additional position dedicated to disseminating information to families.	350,000
Expense/Equipment/Travel/Supplies/Other	Program related expenses, travel to be able to host events for families, meet with families one-on-one, printing materials, improve outreach through technology.	150,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

13. Program Performance

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

The requested funds will support The Family Support Center at FND in providing individualized guidance to families of children with disabilities, special health needs, and mental health challenges. Through curated resources, in-person and virtual trainings, and statewide outreach from Escambia to Monroe, we will strengthen families' ability to navigate education, health, and mental health systems for improved outcomes.

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



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Through The Family Support Center at FND, we will deliver statewide individualized consultations, family-friendly resources, and in-person/virtual trainings to help families navigate education, health, and mental health systems, working to improve outcomes for children with disabilities, healthcare, and mental health challenges.

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

One-on-one meetings with families and individuals with disabilities, healthcare, and mental health needs
In person and virtual presentations provided directly to families
The development and dissemination of family-friendly resources and materials

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

Persons with poor mental health, persons with poor physical health, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, preschool students, grade school students, high school students, university/college students, children and youth with special health care needs (CYSHCN).

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

Improve physical health, improve mental health, improve quality of education, and enhance specific individual's economic self sufficiency. Methodology will be follow-up surveys focused on the parents' ability to better collaborate and communicate with their child's health care provider after one-on-one support and/or trainings. Pre- and post-surveys focused on parental and caregiver understanding of navigating mental health systems. Follow-up surveys on parents' ability to advocate more effectively for their child. Pre- and post- surveys on how the program helped financial impact as families utilize provided resources. Pre- and post- surveys on how the program improved economic self-sufficiency of those served.

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 deliverables are not met, would not seek for future funding.

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#:

b. Provide the total project cost listed on the FEMA project worksheet:



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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

a. Name

b. Firm Name



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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.