



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1966

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This program serves individuals with developmental/intellectual disabilities. JARC partners with local businesses to provide on-the-job training for participants. They work side by side with the employees of the business. This not only provides the individual with opportunities for community integration and employment, but also educates the community on the abilities of individuals with special needs. This program began in Palm Beach County and has now expanded into Broward County.

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 | 495,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 495,000 |

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) | 495,000 | 83% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 100,000 | 17% |
| Total Project Costs for Fiscal Year 2026-2027 | 595,000 | 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.

If state funding were unavailable, fewer individuals would be served. The on-the-job-training would become unpaid, potentially resulting in participants collecting unemployment.



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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 | Job support coaches and paid internships leading to employment | 495,000 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| 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) | | 495,000 |

13. Program Performance

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

Funds will secure community-based employment training for individuals with intellectual disabilities and autism. With a goal of employment, individuals with special needs will reduce their dependence on government subsidies.

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

JARC will work with local businesses to secure partnerships for the community-based employment training. Individuals with intellectual disabilities and autism will receive job coaching services.



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

On the job training at local businesses. This will be completed with supervision from trained Job Coaches to maximize the potential for independent employment.

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

Support to the families of the individuals receiving services. The program has grown every year, and currently provides services to 85 individuals and their families.

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

A minimum of 30 participants will receive training in how to develop a resume and how to interact in a job interview. With a goal of community-based employment, a minimum of 6 individuals will become employed by the partner businesses. Outcomes will be measured by the number of partner businesses and the number of individuals employed.

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?

Financial penalties will be assigned to each benchmark/ objective.

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:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received



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☐ 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

c. E-mail Address

d. Phone Number



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