



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1975

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

HabCenter seeks funding to expand its social enterprise initiatives, which provide meaningful employment and skill-building opportunities for individuals with disabilities. The HabBeelity honey initiative and a new microgreens project provide paid work, vocational training, and entrepreneurial skills for individuals with disabilities in a supportive, therapeutic environment. Funding will support staff by sustaining the work of direct service professionals, vocational coaches, instructors, and the specialized equipment required to operate these programs safely and effectively. This investment is essential to expanding vocational programming for an underserved and vulnerable population, ensuring that individuals with disabilities have access to pathways that promote personal fulfillment, professional development, and long-term success.

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	250,000
Fixed Capital Outlay	50,000
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	47%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	175,000	27%
Local	7,000	1%
Other	160,000	25%
Total Project Costs for Fiscal Year 2026-2027	642,000	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.



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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)?

Yes

c. What is the estimated start date of construction?

11/01/2026

d. What is the estimated completion date of construction?

06/30/2027

e. What funding stream will be used for ongoing operations and maintenance of the project?

Revenue from our plant nursery operations and continued funding efforts for our programs.

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.

HabCenter Boca Raton

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	Funds for employees, instructors and paraprofessional, 101 disabled employees, and support staff. HabCenter depends on these dedicated individuals to deliver programmatic instruction, manufacturing, vocational training, and other hands-on training, etc., as well as to facilitate enrichment activities for individuals with lifelong disabilities and mental health issues to develop employment skills.	200,000
Expense/Equipment/Travel/Supplies/Other	Request for funding equipment, marketing, research and development costs, marketing deliverables, training, program branding, vehicle maintenance, transportation expenses, supplies, equipment, field trips to sell products, pop up events to sell products, create and implement an on-line retail store to increase accessibility, and operations, etc.	50,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering	The property is 47 years old and in need of repairs to the nursery, building structure, painting, AC, refrigeration, potting sheds, installed shading areas for team members and customers. Install outdoor bathroom facility, and various capital improvements, etc. to secure and enhance facility to improve and ensure program sustainability, updates facility to accommodate new programs needs, etc.	50,000
Total State Funds Requested (must equal total from question #6)		300,000

13. Program Performance

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

HabCenter seeks funding to expand social enterprises that create employment and skill-building opportunities for individuals with disabilities. These include; the HabBeelity honey program, where individuals engage in production and sale of locally harvested honey. A new microgreens initiative to produce and sell healthy foods. These programs provide paid work, training, and entrepreneurial skills while promoting healthier lifestyles and generating sustainable revenue to strengthen our mission.

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

Microgreens programs and HabBeelity Honey and create paid work for individuals with disabilities, inclusive market opportunities, and sustainable income. Individuals gain hands-on training in healthy cultivation and production, improving health, food security, and community engagement, with outcomes measured through robust evaluation.

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

Funding will support HabBeelity Honey and Microgreens programs, providing individuals with disabilities and mental health challenges with paid vocational training, inclusive work opportunities, and hands-on cultivation skills. Individuals engage in production, inclusive market participation, and hands-on learning, fostering health, food security, community engagement, and sustainable well-being.

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 program is expected to improve participants' mental well-being, and economic stability. Over 100 individuals will receive pre-vocational, vocational, and employment-preparation training, gain hard and soft job skills, and have opportunities to earn income through the microgreens and honey enterprises. Participants will also engage in more than 100 hours of monthly activity that builds skills, reduces stress, and strengthens coping abilities. At least 70% of participants are expected to meet their educational goals, improve workplace readiness, and increase independence. Outcomes will be measured through daily participation tracking, observational assessments of physical and mental progress, documentation of income earned, and quarterly reporting on goals set during annual client evaluations. This continuous monitoring ensures participants remain on track toward improved well-being, skill development, and economic self-sufficiency.

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)



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- ☐ 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
- ☐ 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**



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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

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