



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1310

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

We will provide an intensive and responsive employment program. Upon completion of technical training, we can respond to employer demand for work-ready talent across many occupations and industry sectors. Currently, we have one person serving as an intake coordinator, job coach, and community outreach, with the funds, requested we would expand the program exponentially providing better economic opportunities for not only the clients we serve but also the county and state.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</b>

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>200,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

a. **If yes, indicate nonrecurring amount per year.**

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

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

No



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If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

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?

12. 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.

### 13. 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: Other</b>		
Salary and Benefits	Salary and benefits for Supported Employment staff.	100,000
Expense/Equipment/Travel/Supplies/Other	Training and supplies necessary for expanded community outreach & job coaching. Supplies and tools necessary to provide comprehensive behavioral and mental health services to ensure client success including technology and technology upgrades	50,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The building was built in 1978 and needs critical renovations to the building such as engineering, AC upgrades, also adding workforce training classrooms, and administration renovations, etc.	50,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>200,000</b>

### 14. Program Performance

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

Comprehensive, individually tailored vocational training supported employment, and support services that provide sufficient skills and knowledge to increase the capability of people with disabilities in areas of self-help, adaptive, and social skills, to secure/maintain competitive jobs in the community



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

Eligible clients will participate in workforce training to attain the skills necessary to increase employability for industry specific employers in the area. Most recent partners include: Publix, Fresh Market, HomeGoods, GMS Connect, and Advantage Solutions.

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

Employment Specialist conducts an intake meeting with each client to determine the type of support that is needed. Support includes: resume writing, job search, job development, job coaching, interview skills, and mock interviewing. Other mental and behavioral health services for coping skills development.

**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.  
51-100 individuals served

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

Improve mental health by Increasing involvement in the community, decreasing rates of isolation and loneliness; Increase education through a vetting and training program to enable unemployed individuals the abilities and workforce training to increase their employability for both the individual candidate and partner employers; and enhance clients economic stability by helping individuals to get placed in jobs in the community and retain their jobs and be employed at or above minimum wage. A Review will be done quarterly by Job Coach and community outreach coordinator with partner companies to ensure clients maintain jobs in the community and quarterly reporting of client wages to assure minimum wage requirement.

**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 the contract?**

Implementation of a Corrective Action Plan.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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



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University or College

Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**