



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1322

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Miami Learning Experience School (MLE) is a not-for-profit Florida corporation 501 (c) (3) with over 45 years of service to Florida's special needs children, young adults, and their families. MLE seeks an appropriation of \$670,300 to assist the school in providing a job readiness program to adults after their 22nd birthday. This single year appropriation would focus on daily skill building, job exploration and in some instances 1:1 job coaching. Additionally, adults will be exposed to the arts and social activities.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	670,330
Fixed Capital Outlay	0
Total State Funds Requested	670,330

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)	670,330	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 2023-2024	670,330	100%

8. Has this project previously received state funding?

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

9. Is future 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.

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



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

The school received first round PPP funding of \$328,200 and the funds were used to keep employees on the payroll while remote work was being accomplished.

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salaries will be used to hire a program manager. The Executive Director is allocated at 30% and benefits are calculated at 22% of salary.	134,810
Other Salary and Benefits	Other administrative salaries included are finance and registrar. These positions are allocated at 30% of total salary and 22% for employee benefits.	43,920
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salaries will be used to hire 3 job coaches; 1 social worker; 3 classroom instructors; 1 paraprofessional and part time art and music teachers. Benefits are calculated at 22% of salary.	286,700
Expense/Equipment/Travel/Supplies/Other	The cost of 2 vans for transporting of adults and overhead costs for operating purposes are included in the total.	204,900
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)		670,330

14. Program Performance

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



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The purpose of the funds requested is to provide a job training program to meet the needs of individuals with developmental delays.

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

The activities included are: Daily Living Skills; Job Coaching; Career Inventories; Social Activities and Job placement.

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

Individuals will be provided the opportunity to take classes that will enhance their ability to secure a job. They will participate in volunteer job opportunities that will give them exposure to a variety of job opportunities. They will learn Daily Living Skills to assist them with personal skills. They will also receive 1:1 job training for as long as is necessary to seek, learn and retain a job of their choosing.

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

The target population for the project are individuals no longer in high school who have developmental delays that leave them with low to moderate cognitive abilities. The program is expected to serve 50 individuals.

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

The outcome of this project is to improve the work skills of each individual. The primary outcome for all individuals is job and daily living readiness. Those who are more advanced will move into 1:1 job coaching.

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?

Miami Learning Experience will return any unused money to the State of Florida.

15. Requester Contact Information

a. First Name Kevin **Last Name** Grace

b. Organization The Learning Experience School, Inc. dba Miami Learning Experience School

c. E-mail Address kagrace@mleschool.org

d. Phone Number (305)275-5900 **Ext.**

16. Recipient Contact Information

a. Organization The Learning Experience School, Inc. dba Miami Learning Experience School

b. Municipality and County Miami-Dade

c. Organization Type

☐ For Profit Entity

☒ Non Profit 501(c)(3)

☐ Non Profit 501(c)(4)

☐ Local Entity

☐ University or College



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☐ 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