



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1163

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The project will address increased employment and community inclusion opportunities for adults with significant disabilities. Brevard's Adults with Disabilities project is designed to:

- 1- Provide work and soft skills training to those who are not currently able to sustain community employment.
- 2- Increase productivity, work-based skills and, therefore, individuals income potential, by creating more focused training approaches.
- 3- Increase independence by teaching functional community and safety skills and decrease reliance on state funding.
- 4- Enhance the current adult educational environment to promote life-long learning.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	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 2024-2025	300,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	275,000	27	No

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.**

Attempts would be made to raise the funds from local donors and to seek additional grant funds as available.

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



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Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1163

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

Cares Provider Relief Fund: \$18,364.67; to maintain full staffing for our adult day training (ADT) program at a ready-state for when programming could resume. Home and Community Based Care Fund: \$178,552; to supplement ADT wages to maintain staff levels during post-pandemic labor crisis.

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
 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?

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Direct Instructors and Trainers, Education Lead, Guidance Counselor: 7 FTE	300,000
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)		300,000

14. Program Performance

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



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To increase employment opportunities, work skills, independence and community integration by person's with significant disabilities.

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

Specific curriculum will be used to train the many areas of expected behaviors at the workplace and in the community. Funding will also allow our participants with disabilities to participate in the community as much as possible, which is accomplished via community trips to local resources (library, Career Source, local employers, volunteering, etc.).

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

Adults with disabilities will receive classroom instruction, practice work and community practicums, internships, speakers, outings and volunteering.

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

Adults with disabilities who need further work and life skills training; current and future participants in our Adult Day Training program who want to work, improve their work and life skills and become contributing and fully engaged citizens. At a minimum, 75 individuals will be served.

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

- 1- 100 percent of participants will complete a skills interest inventory to access training, integration and development needs.
- 2- 100 percent of participants will demonstrate appropriate social and interpersonal skills in both workplace and community based settings.
- 3- At a minimum, 70% of participants will participate in two community inclusion activities per month.

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?

A portion of the contract is performance based, with incremental financial penalties for failure to meet deliverables.

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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Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1163

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