



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** The Family Cafe

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

The Family Café

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
150,000		150,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	150,000	23.1%
State (excluding the amount of this request)	350,000	53.8%
Local	0	0.0%
Other	0	0.0%
TOTAL	500,000	76.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 650,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY <u>2017-18</u></b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>	<b>350,000</b>	<b>100,000</b>	<b>450,000</b>

### 10. Is future-year funding likely to be requested?

Yes

#### a. If yes, indicate non-recurring amount per year.

\$150,000

### 11. Program Performance:

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

Funds will allow The Family Café to connect Floridians with disabilities and their families with information, resources, and networking opportunities, both through The Annual Family Café event, and on a regular basis throughout the year. This will help Floridians with disabilities live meaningful, productive lives in inclusive communities. The Annual Family Café to serves as a clearinghouse of information, providing a unique environment, where families connect with peers, commercial service providers, and public entities to find out what services are available to them, which best serve their needs, and how to go about securing those services. Additionally, The Family Café serves as a resource throughout the year, disseminating information and sharing resources to its network of thousands of Floridians with disabilities, while also inspiring the next generation of disability leaders through its Florida Youth Council program.

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

The primary activity that will be funded through this request is the upcoming 21st Annual Family Café. This three-day event will include approximately 200 informational breakout sessions; a series of keynote events, with one on each of the three days over which the event; The Annual Governor's Summit on Disabilities, where attendees can interact with the Governor and the State Agencies that serve them; and an Exhibit Hall, with a range of providers, partner organizations and private vendors on hand to showcase their services and products for individuals with disabilities. The Exhibit Hall will also promote entrepreneurship and employment, as it will include both "micro-enterprises" run by people with disabilities and an Employment Expo. Other activities will include information and referral, provision of news and information via project website and social media channels, publication of an annual resource guide, and youth leadership promotion through The Florida Youth Council program.



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### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Printing and Mailing, Youth Summit planning and hosting, pre-conference training hosting and training, signs and supplies, Board, Youth Council and staff travel, Scholarship expense for Youth Summit, Scholarship expense for Annual Family Cafe	114,300
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Youth Summit keynote speaker, pre-conference trainer and course design, audio visual, exhibit hall services, Annual Family Café keynote speakers, video recording, Stage set-up for Annual Family Cafe	35,700
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000



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**d. What are the direct services to be provided to citizens by the appropriations project?**

The bulk of the direct service provided by The Family Café comes in the form of training at The Annual Family Café. For example, The 19th Annual Family Café consisted of 25.5 hours of total training/information/instruction time, with 17.75 hours of that being direct training. It served 10,398 attendees. Similarly, the Florida Youth Council's Annual Youth Summit offers direct service by providing 7 hours of training to youth with disabilities. The Family Café also provides the service of information dissemination through its website, mass email list, and social media channels, which are used to share information taken from the content of The Annual Family Café, as well as information from the Department of Education and other State Agencies. The Family Café also publishes an annual resource guide called the Questions & Answers Book, which compiles State Agency responses to questions and comments from Annual Family Café attendees into a single publication that is released each fall.

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

The Family Café primarily serves K-12 students with disabilities or special health care needs and their families. It is also open to other Floridians with disabilities, including transition-age youth.

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

The Family Café makes individuals with disabilities better equipped to flourish in the community. The Family Café collects data regarding the level of satisfaction with The Annual Family Café through a survey document known as the "Report Card." It offers respondents a means to provide both objective and subjective feedback about the event. By averaging the responses to these prompts, The Family Café is able to gain insight into overall satisfaction with the event, its location, its organization, and breakout session content. In addition to these grades, the survey document also includes a number of prompts that allow respondents to share their thoughts on how The Family Café impacts their ability to live productive, engaged lives in the community. Information obtained from responses to these prompts is highly valuable, as it guides The Family Café Planning Committee in determining what sessions to include and what subject areas to address in the coming year.

**g. 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?**

None.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Lori Fahey
- b. **Organization:** The Family Cafe, Inc.
- c. **Email:** lfahey@familycafe.net
- d. **Phone Number:** (850)224-4670



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

**14. Recipient Contact Information:**

**a. Organization:** The Family Cafe, Inc.

**b. County:** Leon

**c. Organization Type:**

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Lori Fahey

**e. E-mail Address:** lfahey@familycafe.net

**f. Phone Number:** (850)224-4670

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**