



# The Florida Senate

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

1. **Title of Project:** JARC Florida Community Works

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

Employment opportunities for adults with intellectual disabilities and autism.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Economic Opportunity

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
450,000		450,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0%

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 450,000

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) 2

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.

FY:	<b>Input Prior FY Appropriation for this project for FY 2017-18</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>204,746</b>	<b>204,746</b>

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

Yes

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

\$450,000

**11. Program Performance:**

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

Employment of persons with intellectual disabilities and autism

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

On the job training with our community partners.

**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 checked="" type="checkbox"/> Salary and Benefits	Employment of persons with intellectual disabilities and autism and on the job training	450,000



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	and support.	
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		450,000

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

Employment of persons with intellectual disabilities and autism with the assistance of trained professionals providing on the job training and support.

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

Adults with intellectual disabilities and autism. 100 individuals.

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

Independent employment of individuals with disabilities as measured by employment by a community business partner.

**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?**

Financial penalties will be assigned to each benchmark as determined with the Department of Economic Opportunity.

**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:** Nancy Freiwald
- b. **Organization:** JARC Florida
- c. **Email:** nancyf@jarcfl.org
- d. **Phone Number:** (561)558-2557

**14. Recipient Contact Information:**

- a. **Organization:** JARC Florida
- b. **County:** Palm Beach



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**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:** Nancy Freiwald

**e. E-mail Address:** nancyf@jarcfl.org

**f. Phone Number:** (561)558-2557

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**