



# The Florida Senate

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

1. **Title of Project:** Brevard Achievement Center Work Readiness Program

2. **Senate Sponsor:** Dorothy Hukill

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**

The BAC Work Training Program was designed to assist persons with more severe disabilities and their families by identifying, enhancing and/or improving their work behaviors, attitudes and tolerances to a level that will allow them to be referred again to Vocational Rehabilitation. This structured comprehensive multidisciplinary training will be provided at our Adult Day Training facility, but in separate areas where specialized training will occur to improve work skills and tolerances. Goal is to increase opportunities for persons with significant disabilities to obtain the skills necessary to gain employment.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Agency for Persons with Disabilities

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                         | 100,000                                   | 250,000                               |

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  | 25,000 | 9.1%    |
| TOTAL  | 25,000 | 9.1 %   |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 275,000

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



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No  
 e. Complete the following Worksheet.

| FY:                | Input Prior FY Appropriation for this project<br>for FY 2017-18                |                                    |   |
|--------------------|--|------------------------------------|---|
|                    | (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) |                                    |   |
| Column:            | A  | B                                  | C   |
| Funds Description: | Prior Year<br>Recurring Funds *  | Prior Year<br>Nonrecurring Funds * | Total Funds Appropriated<br>(Column A + Column B) |
| Input Amounts:     |  | 150,000                            | 150,000   |

**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?

To increase employment skills and increase community integration by person's with Disabilities.

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

Specific curriculum on Success At the Work Place will be used to train the many areas of expected behaviors at the workplace. Another specific area is ensuring our clients with Disabilities get to participate in the community as much as possible, which is accomplished via community trips to local resources (library, Career Source, local employers, etc.)

- 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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other  | General Administrative Cost<br>(5%) | 12,500 |



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|   |   |         |
|---|---|---------|
| <input type="checkbox"/> Consultants/Contracted Services/Study                        |   |         |
| Operational Costs   |   |         |
| <input checked="" type="checkbox"/> Salary and Benefits                               | Case Coordinators, Educator, kitchen trainer, Job trainer - 3.5 FTE. \$99,410 salaries; \$27,864 Benefits | 124,400 |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other           | Educational Materials and Supplies, curriculum updates, software, facilities.                             | 13,100  |
| <input type="checkbox"/> Consultants/Contracted Services/Study                        |   |         |
| Fixed Capital Construction/Major Renovation   |   |         |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | Warehouse repairs, forklift, pallet wrapper, rack improvement, ventilation, etc.                          | 100,000 |
| TOTAL   |   | 250,000 |

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

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

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

Adults with disabilities that need further work training; Current and future individuals in our program who want to work, improve their work skills and become contributing citizens. We plan to serve at a minimum 25 individuals with disabilities, but the warehouse repairs and updates will help increase work for 150 individuals attending BAC.

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

1-One Hundred individuals will receive a pay check each month (in accordance to DOL rules) 2-At a minimum, Twelve Individuals will increase work productivity each month 3-At a minimum, twelve individuals will increase take home pay each month 4-All transitioning students will be introduced to a minimum five (5) work skills within the first 60 days.

**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?**

A portion of the contract is currently performance based.



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**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.**

Brevard Achievement Center

**13. Requestor Contact Information:**

- a. **Name:** Amar Patel
- b. **Organization:** Brevard Achievement Center
- c. **Email:** apatel@bacbrevard.com
- d. **Phone Number:** (321)632-8610 Ext. 206

**14. Recipient Contact Information:**

- a. **Organization:** Brevard Achievement Center
- b. **County:** Brevard
- 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:** Andy Vega
- e. **E-mail Address:** avega@bacbrevard.com
- f. **Phone Number:** (321)632-8610 Ext. 234

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

- a. **Name:** Mike Haridopolos
- b. **Firm:** MJH Consulting
- c. **Email:** mike@mhflorida.com
- d. **Phone Number:** (321)525-1861