



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1465

1. **Title of Project:** United Cerebral Palsy of Broward
2. **Senate Sponsor:** Lori Berman
3. **Date of Submission:** 02/08/2019
4. **Project/Program Description:**  
United Cerebral Palsy of Broward, Palm Beach and Mid-Coast County, Inc. - Employability Training Program
5. **State Agency to receive requested funds :** Department of Education  
State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	69,300
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>69,300</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	69,300	100.0%
Federal		0.0%
State (excluding the amount of this request)		0.0%
Local		0.0%
Other		0.0%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>69,300</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** No

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

9. **Is future-year funding likely to be requested?** Yes
  - a. **If yes, indicate non-recurring amount per year.** 69,300

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Certified Teacher: \$55,000 Benefits 26%: \$14,300	69,300
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning		
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>69,300</b>

**11. Program Performance:**

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

A state licensed teacher will be hired to provide vocational and life skills training to adults with developmental disabilities in Palm Beach County. Curriculum will emphasize employability and training and help individuals with the necessary skills to acquire gainful employment.

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

United Cerebral Palsy of Broward, Palm Beach and Mid-Coast Counties, Inc. (UCP) is requesting funding for a full-time state licensed teacher to provide vocational training, life skills training, health and nutrition, safety, community integration, academic enhancement, technology with emphasis on employability training.

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

State funds will be used to add one state licensed certified teacher to provide 40 hours a week of Individualized Education Plans with emphasis on skills for gainful employment. It will include curriculum development, staff training, providing vocational training, life skills training, health and nutrition, safety, community integration and technology to 65-80 adults with developmental disabilities.

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

65-80 adults with developmental disabilities.

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

Participation in curriculum and community inclusion will provide individuals the tools to improve their overall health and stimulate a sense of well-being, promoting the improvement of their mental health. i.e. Employability skills required for gainful employment. 80% of individuals enrolled will show improvement in their Individualized Education Plan (IEP), goal to improve mental health. Participants will show improvement in their quality of education individualized plans, i.e. vocational skills required for gainful employment. 80% of individuals enrolled will show improvement in their Individualized Education Plan, (IEP) goal to improve quality of education.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard**



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#### **penalties for failing to meet deliverables or performance measures provided for in the contract?**

If the program does not meet the projected outcomes/objectives or meet the criteria of a corrective action plan, the funding will be subject to termination.

#### **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:** Pat Murphy
- b. **Organization:** United Cerebral Palsy of Broward, Palm Beach and Mid-Coast, Inc.
- c. **E-mail Address:** PatMurphy@uco-ucpsfl.org
- d. **Phone Number:** (954)257-6639

#### **14. Recipient Contact Information:**

- a. **Organization:** United Cerebral Palsy of Broward, Palm Beach and Mid-Coast, Inc.
- b. **County:** Palm Beach
- 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:** Pat Murphy
- e. **E-mail Address:** PatMurphy@uco-ucpsfl.org
- f. **Phone Number:** (954)257-6639

#### **15. Lobbyist Contact Information**

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**