



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2045

1. **Title of Project:** Transition to Community Employment

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 02/23/2019

4. **Project/Program Description:**

Demonstration project will continue to implement best practices of competitive employment models that address new federal mandates to transition individuals with intellectual and developmental disabilities and mental illness from facility-based programs to inclusive community settings, while providing enriching educational inclusion opportunities to enhance connectedness and integration with the community. Refinement of service-delivery processes and models will conclude at the end of year three.

5. **State Agency to receive requested funds :** Agency for Persons with Disabilities

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

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

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)	300,000	75.0%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	100,000	25.0%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	400,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		300,000		No

9. **Is future-year funding likely to be requested?** No

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and	Special Projects Vice President	60,759



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Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	2 Project Employment Specialist, 2 Community Navigators, and 2 Transition Coaches	234,241
Expense/Equipment/Travel/Supplies/Other	Staff travel, program transportation and program supplies	5,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		300,000

11. Program Performance:

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

Year 3 of this demonstration project will continue to develop competitive employment models for individuals currently attending day training programs to include job readiness training, internships, volunteerism which will lead to individual or small group competitive placement. At the completion of Year 3 a report of findings, successes, obstacles and necessary resources will be made available to the Florida Legislature for consideration and replication in other Florida communities.

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

In Year 3, the results of the Year 1 and Year 2 in Best Practices research will result in the activities and services that will be utilized for implementation with community employment and community inclusion. Development of new competitive and integrated employment partnerships, small group work sites with the business community, paid/unpaid internships at businesses will occur.

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

Career counseling, work readiness training, opportunities for internships, volunteerism in the community that may result in community employment opportunities. Meaningful community inclusion activities and mental health services will also be provided to facilitate skill acquisition in acquiring and retaining meaningful work experiences.

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

Intellectually and developmentally disabled, physically disabled, mental health, economically disadvantaged and jobless persons. A total of 100 will receive one or more services.

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

Individuals will have more options to transition from facility-based employment to community based employment which is now mandated by new federal regulations. Individuals will benefit from increased wages,



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greater financial independence and will experience more inclusive settings. Outcomes will be measured by reduction in number of persons receiving sub-minimum wages, number of individuals placed in competitive employment, increase in number of partnerships with local businesses and increase in paid/nonpaid work experiences in the community.

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 in the contract?

Contract will stipulate Corrective Action plans and/or consequences will be required for noncompliance of stated deliverables.

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.

Not applicable

13. Requestor Contact Information:

- a. **Name:** Jim Whittaker
- b. **Organization:** The Arc Jacksonville
- c. **E-mail Address:** jwhittaker@arcjacksonville.org
- d. **Phone Number:** (904)355-0155

14. Recipient Contact Information:

- a. **Organization:** The Arc Jacksonville
- b. **County:** Duval
- 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:** Jim Whittaker
- e. **E-mail Address:** jwhittaker@arcjacksonville.org
- f. **Phone Number:** (904)355-0155

15. Lobbyist Contact Information

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