

LFIR # 1320

-	Project Title Boca Raton Habilitation Center for the Handicapped - Adults with Disabilities					es (Avv			
								`	
Senate Sponsor	Kevin Rader								
Date of Request	11/14/2019								
Project/Program l	Description								
Reinstatement of Adul	ts with Disabilities funding for	employmer	nt related services a	and bas	ic adult ed	ducation	funding -	DOE/VF	?
	eceive requested fund	Debe	artment of Educ	ation					
State Agency cont	acted? ○ Yes ● □	No							
Amount of the No	onrecurring Request fo	r Fiscal	Year 2020-202	21					
Type of Funding	g		Amount						
Operations		300,000							
Fixed Capital Outlay		000							
Fixed Capital Ou	ıtlay			000					
Fixed Capital Ou  Total State Fund	•		300	000,000					
Total State Fund	ds Requested			0,000					
Total State Fund	•	2021 (inc		0,000	nds ava	ailable	for this	s proje	ect)
Total State Fund	ds Requested t for Fiscal Year 2020-2	2021 (ind		0,000	nds ava		for this	s proje	ect)
Total State Fund Total Project Cos Type of Funding	ds Requested t for Fiscal Year 2020-2	·	cluding match	0,000	Perce		for this	s proje	ect)
Total State Fund Total Project Cos Type of Funding	ds Requested  t for Fiscal Year 2020-2  S Requested (from ques	·	cluding match	ing fu	Perce	ntage	for this	s proje	ect)
Total State Fundance Total Project Cos Type of Funding Total State Fundance	ds Requested  t for Fiscal Year 2020-2  S Requested (from ques	·	cluding match	ing fu	Perce	ntage	for this	s proje	ect)
Total State Fundance Total Project Cos Type of Funding Total State Fundance Matching Funds Federal	ds Requested  t for Fiscal Year 2020-2  S Requested (from ques	ation #6)	cluding match	0,000 ing fu	Perce	ntage	for this	s proje	ect)
Total State Fundance Total Project Cos Type of Funding Total State Fundance Matching Funds Federal	ds Requested  t for Fiscal Year 2020-2  S Requested (from ques	ation #6)	cluding match	0,000 ing fu 0000	Perce	0.0 %	for this	s proje	ect)
Total State Fundance Type of Funding Total State Fundance Matching Funds Federal State (excluding)	ds Requested  t for Fiscal Year 2020-2  S Requested (from ques	ation #6)	cluding match	0,000 ing fu 0000 00	Perce	0.0 % 0 %	for this	s proje	ect)
Total State Fundance Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other	ds Requested  t for Fiscal Year 2020-2  S Requested (from ques	est)	Amount 300	0,000 ing fu 0000 00 00	Percel 100	0.0 % 0 % 0 %	for this	s proje	ect)
Total State Fundance Type of Funding Total State Fundance Matching Funds Federal State (excluding Local Other Total Project Co	ds Requested  t for Fiscal Year 2020-2  s Requested (from ques  the amount of this reque	est)	Amount 300	0,000 ing fu 0000 00 00 00	Percel 100	0.0 % 0 % 0 % 0 %	for this	s proje	ect)
Total State Fundance Total Project Cos Type of Funding Total State Fundance Matching Funds Federal State (excluding Local Other Total Project Co	ds Requested  It for Fiscal Year 2020-2  It sequested (from quests  It has amount of this requested (from Fiscal Year 2020-2)  It is a sequested (from quests for Fiscal Year 2020-2)  It is a sequested (from quests for Fiscal Year 2020-2)	est)	Amount 300	0,000 ing fu 0000 00 00 00	100 100	0.0 % 0 % 0 % 0 %	for this	s proje	ect)
Total State Fundance Total Project Cos Type of Funding Total State Fundance Matching Funds Federal State (excluding Local Other Total Project Co	ds Requested  t for Fiscal Year 2020-2  s Requested (from ques  the amount of this reque	est)	Amount 300	0,000 ing fu 0000 00 00 00 00	100 100	0.0 % 0 % 0 % 0 %	for this	s proje	ect)
Total State Fundance Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other Total Project Co Has this project p If yes, provide the Fiscal Year	ds Requested  It for Fiscal Year 2020-2  It sequested (from quests and the amount of this requested of the amount of this requested for Fiscal Year 2020 or eviously received statement recent instance:  Amo	est) 20-2021 ate fundi	Amount 300 300 ng? • Yes	0,000 ing fu 0000 00 00 00 00 00	Percel 100	0.0 % 0 % 0 % 0 % 0 % 0 %	1	s proje	ect)
Total State Fundance Total Project Cos Type of Funding Total State Fundance Matching Funds Federal State (excluding Local Other Total Project Co	ds Requested  t for Fiscal Year 2020-2  s Requested (from ques  the amount of this reque  osts for Fiscal Year 202  previously received sta  most recent instance:	est) 20-2021 ate fundi	Amount 300 300 ng? • Yes	0,000 ing fu 0000 00 00 00 00 00	Percel 100 1 No	0.0 % 0 % 0 % 0 % 0 % 0 %	1	s proje	ect)

300,000

If yes, indicate nonrecurring amount per year.



LFIR # 1320

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project		
Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/		
Travel/Supplies/Other		
Consultants/Contracted Services/Study		
,		
Operational Costs: Oth	er	
Salary and Benefits	\$300,000 to fund job coaches, instructors, paraprofessionals and support staff to provide programmatic	222.222
Calary and Bonome	instruction, pre-vocational and vocational training and other hands on training for people with disabilities	300,000
Expense/Equipment/ Travel/Supplies/Other		
Travel/eapplies/ether		
Consultants/Contracted		
Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning		
Engineering		
Total State Funds Re	equested (must equal total from question #6)	300,000



LFIR # 1320

#### 11. Program Performance

What specific purpose or goal will be achieved by the funds requested? Support individuals with disabilities; enhance their self-advocacy, adaptive, vocational, work preparation and/or social skills through

instruction and/or hands-on training. Funds would be used to maintain or expand a degreed, credentialed and professional staff with skill-sets required to provide services listed above; with currently limited funding, the opportunity for people with disabilities to learn life skills and become vocationally/economically independent will not occur.

b.	What activities and services will be provided to meet the intended purpose of these funds?		
	Comprehensive, individually tailored vocational training programs, supported employment, or support services that provide sufficient skills, knowledge and understanding to increase the capability of people with disabilities in areas of self-help, adaptive, social skills, o securing/maintaining competitive jobs in the community.		

c. What direct services will be provided to citizens by the appropriation project?

Provide an opportunity for people with disabilities to become vocationally and economically independent through instruction or handson training related to each Individual Educational Goals, as well as supported employment, vocational training and work preparation services.

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

Target populations include individuals with intellectual, or developmental, or mental, or physical disabilities, or economically disadvantaged persons, or jobless persons. 225 individuals in the target populations are expected to be served.

What is the expected benefit or outcome of this project? What is the methodology by which this outcome will

Expected outcomes are as follows: improving mental health - 70% of those served will increase their ability to cope with situations that arise during the workday, with quarterly reporting on progress of client goals which are determined upon clients' annual meeting;

What are the suggested penalties that the contracting agency may consider in addition to its standard
which were determined at clients' annual meeting; enhance specific individual's economic self sufficiency - clients will receive prevocational, vocational or work preparation training with 70% of these clients achieving pre-vocational, vocational or work preparation goals
improving quality of education - 70% of those served will meet their educational goals, with quarterly reporting on progress of goals

r.	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?		
	Implementation of a Corrective Action Plan.		



LFIR # 1320

The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. 12. Include the relationship between the owners of the facility and the entity. n/a **Requestor Contact Information** a. First Name Robert Last Name DiRocco b. Organization Habilitation Center for the Handicapped (HabCenter) c. E-mail Address rdirocco@habcenter.org Ext. 113 d. Phone Number (561)483-4200 **Recipient Contact Information** Habilitation Center for the Handicapped, Inc. a. Organization b. Municipality and County Palm Beach c. Organization Type For-profit Entity Non-Profit 501(c) (3) Non-Profit 501(c) (4) Local Entity University or College Other (please specify) d. First Name Robert Last Name DiRocco e. E-mail Address rdirocco@habcenter.org f. Phone Number (561)4834200 15. Lobbyist Contact Information a. Name Mat Forrest b. Firm Name **Ballard Partners** c. E-mail Address | mat@ballardpartners.com d. Phone Number (561)7797003 Ext.