



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2268

1. **Project Title** Innovative Transportation for Persons with Intellectual and Developmental Disabilities

2. **Senate Sponsor** Anitere Flores

3. **Date of Request** 12/23/2019

4. **Project/Program Description**

Provide for innovative service projects specifically relevant to the intellectual and developmental disabled customer market. Program utilizes a private provider with expertise in serving this market.

5. **State Agency to receive requested funds** Department of Transportation

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	1,200,000
Fixed Capital Outlay	000
Total State Funds Requested	1,200,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1200000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	1,200,000	100 %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	500,000	1938	No

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

If yes, indicate nonrecurring amount per year. 1,200,000



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	General manager.	60,000
Other Salary and Benefits	Call center staff.	60,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Transportation for riders.	1,080,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,200,000



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11. Program Performance

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

Enhance the design and use of transportation disadvantaged services in both urban and non-urban areas. Utilize data to make future recommendations to serve this market.

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

Provide timely transportation as agreed upon by the user and provider.

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

Citizens with intellectual and developmental disabilities will be provided with unique transportation options

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

Persons with intellectual and developmental disabilities.

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

Innovative transportation program will be piloted and data collected to determine the best means to provide ADA compliant transportation for the marketplace.

- 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?

Termination.



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12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- 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 Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.