

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1781

1. Project Title	Bridging the Gap in Employment of Young Adults with Unique Abilities				
2. Senate Sponsor	Ana Maria Rodriguez				
3. Date of Request	02/21/2023				
4. Project/Program Des	scription				
Bridging the Gap in E	Employment of Young Adul	ts with Unio	que Abilities		
5. State Agency to reco	eive requested funds	Departme	ent of Education		
State Agency contact	cted? Yes				
6. Amount of the Nonre	ecurring Request for Fisc	al Year 202	23-2024		
Type of Funding			Amou	ınt	
Operations				400,000	
Fixed Capital Outlay				0	
Total State Funds R	equested			400,000	I
7. Total Project Cost fo	r Fiscal Year 2023-2024 (i	including r	natching funds avail	able for this proje	ect)
Type of Funding			Amount	Percentage	
	quested (from question #6))	400,000	45%	
Matching Funds					
Federal			0	0%	
State (excluding the a	State (excluding the amount of this request)			20%	
Local			102,000	11%	
Other			218,000	24%	
Total Project Costs for Fiscal Year 2023-2024			900,000	100%	
8. Has this project pre	viously received state fur	nding?	Yes		
Fiscal Year (yyyy-yy)	Amount Recurring Nonre	ecurring	Specific Appropriation #	Vetoed	
2022-23	0	395,665	26	No	
9. Is future funding like	ely to be requested?		Yes		
a. If yes, indicate nonrecurring amount per year. 400,000			400,000		
b. Describe the sou	rce of funding that can be	used in li	eu of state funding.		
N/A-all other sources	s are being utilized				
10. Has the entity requ	esting this project receiv	ed any fed	eral assistance relat	ed to the COVID-	19 pandemic?
No		-			•
If yes, indicate the a	amount of funds received	and what	the funds were used	l for.	



11. Status of Construction

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Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the	current phase	of the project?	
OPlanning	ODesign	Construction	
b. Is the proje	ct "shovel read	y" (i.e permitted)?	
c. What is the	estimated start	date of construction?	
d. What is the	estimated com	pletion date of construction?	
12. List the owner relationship	ers of the facilit between the ow	y to receive, directly or indireconers of the facility and the enti	tly, any fixed capital outlay funding. Include the ty.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Office space for meetings and trainings	8,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Direct services provided to maintain employment that include on and off-site job coaching, individual and group sessions, peer group meetings, ongoing follow-ups with the employer and employeeProgram Coordinator -Outreach -Vocational Services Assistant -Employment Specialists Plus applicable fringe and health insurance.	332,000
Expense/Equipment/Travel/Supplies/ Other	Communication services, database to maintain notes on progress and assistance provided to participants and time tracking fees to track allocated hours to each participant and employer partner.	10,000
Consultants/Contracted Services/Study	Contracted services to (1) maintain website, design and disseminate information with constituents via eBlasts and social media, design and print outreach materials and training media, and (2) behavioral analyst/therapist	50,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	400,000

14. Program Performance

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



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□University or College

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The funds will specifically help sustain extended services integral to maintaining long-term employment outcomes for individuals with intellectual and developmental disabilities (IDD). An investment in extended services yields positive employment outcomes for young adults with IDD, which leads to economic growth and less dependence on government assistance.

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

The funds will specifically help sustain extended services integral to maintaining long-term employment outcomes for individuals with intellectual and developmental disabilities (IDD). An investment in extended services yields positive employment outcomes for young adults with IDD, which leads to economic growth and less dependence on government assistance.

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

Eligible citizens will receive intensive supported employment services in accordance with the Customized Employment model adopted by DMF Employment Opportunities. The appropriation project will specifically fund intensive job coaching to ensure transition into stable employment and extended services to maintain employment.

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

Jobless persons, economically disadvantaged persons, developmentally disabled.

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

Generating new employment opportunities for an underemployed sector of the population. Number of participants hired through the project.

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 the contract?

Future funding will be lost.					
5. Requester Contact	t Informat	ion			
a. First Name	Lileana		Last Name	de Moya	
b. Organization	DMF Em	ployment Opport	unities		
c. E-mail Address	lily@dmf	employment.org			
d. Phone Number	(305)667	-9112	Ext.		
6. Recipient Contact Information					
a. Organization	DMF Em	ployment Opport	unities		
b. Municipality and County Miami-Dade					
c. Organization Type					
□For Profit Entity					
☑Non Profit 501(c)(3)					
□Non Profit 501(c)(4)					
□Local Entity					



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□Other (please specify)

d. First Name	Lileana	Last Name	de Moya
e. E-mail Address	lily@dmfemployment.org		
f. Phone Number	(305)667-9112		

17. Lobbyist Contact Information

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a. Name	Bradley S. Burleson
b. Firm Name	Ballard Partners
c. E-mail Address	brad@ballardpartners.com
d. Phone Number	(850)577-0444