



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1285

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Chabad of Las Olas is not only a place of worship for the Jewish Community, but also a place of service open to everyone in the entire community including persons with Autism, developmental, and intellectual disabilities. Their unique location in the heart of town provides a strong sense of belonging and a unique inclusion component for participants training in the Friendship Circle Program. It prepares participants with skills for employment in the community. The Friendship Grill located on Las Olas, and open to the public, provides culinary training and work experience for program participants. Friendship Circle provides assistance, life skills and additional supports to individuals with special needs and their families through social, educational and vocational programming. In addition to helping those in need, the Friendship Circle enriches its network of volunteers by enabling them to reap the rewards of selfless giving.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	220,000
Fixed Capital Outlay	0
Total State Funds Requested	220,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	220,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	220,000	100%

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Program Director, Restaurant/Culinary Instructor, job coaches	150,000
Expense/Equipment/Travel/Supplies/Other	Instruction materials and computer equipment, classroom modifications, marketing materials	50,000
Consultants/Contracted Services/Study	Industry Consultant, Community partnerships	20,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		220,000

14. Program Performance

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

Hands on training in our existing Friendship Grill Restaurant, job coaches and employment assistance for those participating in the program. The Friendship Circle Grill is located in the heart of downtown Ft. Lauderdale and allows us to connect with the community and local businesses in the area. Our purpose is to instill self-sufficiency, skills, confidence, independence, and gainful employment.



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

Life skills and job training program, regular trips to potential employers, generalization of skills in various job environments. Skills training consists of food preparation and proper use of equipment, inventory, stocking shelves, greeting customers, taking orders, cash register operation, financial literacy, etc.

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

Opportunities for participants to become skilled and receive continued support and training. Strategic partnerships with community members and employers in restaurants, retail, and catering. Promotion of inclusive efforts to hire participants in local and community businesses. Helping participants to become confident, independent, employed and productive.

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

Individuals with Autism and other developmental and intellectual disabilities. We can service up to 50 developmentally disabled individuals with over 75 volunteers.

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

Training and job opportunities, supportive employment placements, and on-campus Friendship Grill experience. Our participants are trained to have the skills necessary to be successful and productive members in both their home and community. We provide support and resources for them to be able to succeed. We track skill development over multiple jobs and environments.

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?

Notification with opportunity to cure.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



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d. First Name Last Name
e. E-mail Address
f. Phone Number

17. Lobbyist Contact Information

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