



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3142

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

These funds will be used by Florida's network of 15 Centers for Independent Living (CILs) to provide service, equipment, and community support coordination for adults with disabilities transitioning from hospitals, nursing homes, incarceration, foster care, and other institutional settings. CILs will provide employment skills training, peer supports, assistance with securing affordable and accessible housing, assistive technology, and other community supports needed to live, learn, work, and succeed in their communities.

5. State Agency to receive requested funds

State Agency contacted?  No

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

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operations                         | 1,500,000        |
| Fixed Capital Outlay               | 0                |
| <b>Total State Funds Requested</b> | <b>1,500,000</b> |

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)       | 1,500,000        | 100%        |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 0                | 0%          |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2024-2025</b> | <b>1,500,000</b> | <b>100%</b> |

8. Has this project previously received state funding?  Yes

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2023-24                  | 0         | 975,000      | 30                          | No     |

9. Is future funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

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

None available at this time.

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

No



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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           |
|--|---|------------------|
| <b>Administrative Costs:</b>   |   |                  |
| Executive Director/Project Head Salary and Benefits                    | Each Center for Independent Living will receive \$10,000 to offset the salary costs of the Executive Director and Project Director (\$10,000 X 15 CILs = \$150,000)                     | 150,000          |
| Other Salary and Benefits  |   | 0                |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0                |
| Consultants/Contracted Services/Study                                  |   | 0                |
| <b>Operational Costs: Other</b>  |   |                  |
| Salary and Benefits  | Each Center for Independent Living will receive \$60,000 to cover the cost of dedicated staff persons to coordinate and provide transition services (\$60,000 X 15 CILs = \$900,000)    | 900,000          |
| Expense/Equipment/Travel/Supplies/Other                                | Each CIL will receive \$30,000 to cover the costs of travel, equipment, and supplies associated with transition services for adults with disabilities (\$30,000 X 15 CILs = \$450,000). | 450,000          |
| Consultants/Contracted Services/Study                                  |   | 0                |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                  |
| Construction/Renovation/Land/Planning Engineering                      |   | 0                |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>1,500,000</b> |

### 14. Program Performance

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



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

Centers for Independent Living will work with individuals with disabilities appropriate for transition from hospitals, nursing homes, and other institutional settings and develop community transition plans based on the consumers' unique needs. CIL staff will coordinate and provide the necessary supports and services to ensure safe, successful, and sustainable transitions back to the community.

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

Care coordination, peer mentoring, employment assistance, information about local services, assistance in enrolling in state assistance programs, development of Independent Living Plan, assistance with acquiring assistive technology and durable medical equipment, and accessing education and skills training and acquiring employment skills.

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

Floridians with disabilities and frail seniors wishing to transition from a nursing home back to the community, adults with disabilities who are at risk of nursing home placement or hospitalization due to unmet needs or the inaccessibility of their living environment, adult students with disabilities transitioning from high school to post-secondary education or employment who require accommodations or assistance to live independently, formerly incarcerated adults with disabilities, and youth with disabilities aging out of foster care.

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

These funds will allow Centers for Independent Living to help adults with disabilities achieve their education, employment, and self-sufficiency goals as they transition from institutional settings, incarceration, or foster care to their communities. Adults with disabilities who are at risk of institutional placement due to the inaccessibility of their living environment or other factors will receive supportive services and assistance so they can remain in their communities.

**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?**

For any month during which a Center for Independent Living fails to achieve the required performance measures, the contracting agency can deduct one-twelfth of the annual allocation for that Center.

**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



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- 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number