



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2372

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Transforming a rough warehouse area approximately (8,000 sq.ft.) into classrooms, handicap bathrooms, and offices. This space is located in the rear of our Life Skills Academy for adults with disabilities located at 7330 NW 12 St, Miami 33126. Once the renovation is completed this space will have a dual and most useful purpose, since it will be connected to a generator system, so it may serve as a "Shelter for Persons with Disabilities and their Families During Natural Disasters". Our program runs a Culinary Training Program, which will also have generator power, and is equipped to furnish hot meals during natural disasters. During the normal times of the year its use will be to provide Life Skills Training, Vocational Skills Training, and Employment Services, and other independence builder skills and workforce driven skills to Adults with Autism and Developmental, Intellectual, and Physical Disabilities.

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	0
Fixed Capital Outlay	975,000
<b>Total State Funds Requested</b>	<b>975,000</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)	975,000	27%
<b>Matching Funds</b>		
Federal	551,121	16%
State (excluding the amount of this request)	1,678,878	48%
Local	177,800	5%
Other	152,000	4%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>3,534,799</b>	<b>100%</b>

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.**



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

Yes

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

ADE is a 501(c) 3, Adults Skills Center for persons with Disabilities. Its operations are funded and licensed by APD/AHCA. We were very diligent in applying for PPP since we desperately needed it to remain operational. We received approximately \$550,000. All was used to alleviate employee salaries and benefits 100%.

## 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.

ADE is a 501(c)3 non-profit entity. It does not have personal ownership. It is run by a Voluntary Board of Directors. The CEO has been with the company for 42 years and manages the operations of the company. No board member or management staff will receive any remuneration from these funds or project. Our non-profit owns the land and building where the construction will take place, it is nontransferable to The Board or to Management.

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Project Manager, Construction of Classroom, Offices, Handicap bathrooms, installation of plumbing, electricity, etc. in 8,000 square ft. existing space, and purchase of generator, connection to generator power.	975,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>975,000</b>



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#### 14. Program Performance

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

ADE has a brick-and-mortar warehouse in the back of its Life Skills Center for Persons with Autism, which is not being utilized since it is not conditioned for livable space. We propose to convert it to classrooms, offices and handicap bathrooms so we may offer our programs and services to an additional 80-100 adults with disabilities. Additionally, we are constructing the space to have generator power to be able to offer it as a "Hurricane Shelter for persons with disabilities and their families". This is ideal under natural disasters since we also operate a Culinary Training Program with a Professional Training Kitchen, that will be able to provide hot meals during emergency conditions.

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

Academic Training in Life Skills, Vocational Skills, Companion Skills, Employability Seeking Skills, On the Job Training, Community Inclusion, and Transportation will be offered in the newly constructed space with the funds from this appropriation.

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

We will be able to provide programs and services to approximately 80-100 additional consumers. Some may be referred thru Support Coordinators, from the waitlist of The Agency for Persons with Disabilities. Also, we will be equipped to offer the space as a "Hurricane Shelter".

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

The targeted population are adults with Autism, 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?**

To expand our capacity at our Miami-Dade County-Central Branch "Life Skills and Work Development Skills Center for persons with Developmental Disabilities", located at 7330 NW 12 Street, Miami, 33126. Convert an 8,000 Sq Ft. existing space to classrooms, offices and handicap bathrooms, which will become an extension of our present facility. We will extend our existing curriculum and services to our unique population, marketing independence and a path to workforce development.

**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?**

ADE, Inc. commits to presenting DEO with clear outcomes and quantifiable deliverable goals and objectives that clearly define our service commitment to the program that will be funded by this Special Appropriation. Should ADE not be able to fully comply with its target goal we will accept penalty by reduction of funding, quantifiable to the percentage of the unmet goal. ADE commits to expend all funds allotted. We have a history of not lapsing funding. We realize the value of this funding.

#### 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**



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#### 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number