



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2277

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Operating a competitive retail bakery business that will serve as an employment training program for the residents of Independence Landing. This program will 1) provide supportive and rehabilitation services and training for persons with intellectual/developmental disabilities; 2) seek community based, competitive employment opportunities for people in the program; and 3) advocate for supported competitive employment opportunities for people with disabilities so that they can become financially self-supporting

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	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>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)	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>500,000</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.**

Grants from non-government grantmaking bodies.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2277

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	Project Director	60,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Career Coaches for Bakery and Meal Program (3) at \$40k per year: \$120,000 Kitchen + Bakery Staff (Residents of IL) (10 part-time positions) at \$25k per year: \$250,000 Food Truck Delivery Driver \$40,000	410,000
Expense/Equipment/Travel/Supplies/Other	Monthly food and supplies	30,000
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>500,000</b>

### 14. Program Performance

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2277

This program will 1) provide supportive and rehabilitation services and training for persons with intellectual/developmental disabilities; 2) seek community based, competitive employment opportunities for people in the program; and 3) advocate for supported competitive employment opportunities for people with disabilities so that they can become financially self-supporting.

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

Current participants will continue to hone their skills in our bakery program. New participants will complete an initial training program to learn the basics of working in a commercial bakery (food handling, workplace safety, food prep, equipment operation, customer service, & teamwork). Once this training is completed, participants will move to food prep training, and finally customer service.

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

Residents of Independence Landing will be provided with employment training and be given the opportunity to work in a commercial bakery.

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

Residents of Independence Landing. 70 people.

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

According to the U.S. Bureau of Labor Statistics, the percentage of working-age people with disabilities who are employed is about one-third of the percentage of people without any disability. About 50 percent of people who are employed struggle to complete their tasks due to their disabilities, according to the BLS. The outcome of this program will be individuals with disabilities who have completed vocational training, are working in their own bakery, or are moving out into good paying jobs in the community.

**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?**

We look forward to creating accountability standards with the agency assigned to administer 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**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2277

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**