



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1130

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This service is to provide 3 Vocational Trainers and 2 Supported Employment Coaches to provide vocational training and employment services to adults and teens with intellectual and physical disabilities who are economically disadvantaged due to lack of employment skills. The Vocational Trainers will provide job training in hospitality, food service, horticulture and landscape maintenance. The Supported Employment Coach will provide training in securing and keeping a job, resume writing, job interviewing, helping with job benefits and requirements needed to maintain employment. The program will serve approximately 100 people when completed.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>150,000</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)	150,000	86%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	25,000	14%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>175,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	150,000	240A	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.**

This funding does not have another source. Donations and fundraising cannot cover these funds if they are not appropriated.

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



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Yes

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

We received PPP funding of \$461,257 in order to keep all of my staff employed. We provided residential & day services to keep everyone safe and healthy. All Covid funds were spent on staffing.

## 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	n/a	0
Other Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
<b>Operational Costs: Other</b>		
Salary and Benefits	3 vocational trainers and 2 supported employment coaches	150,000
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	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>150,000</b>

### 14. Program Performance

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



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The goal is to provide 3 Vocational Trainers and 2 Supported Employment Coaches to provide vocational training and employment services to adults with intellectual and physical disabilities, who are economically challenged due to lack of employment skills. This effort will help Agency for Person's with Disabilities with their system re-design to get people employed and out of Adult Day Training services. The Agency for Person's with Disabilities is looking to create a new Service called Pre-Vocational and this funding will align with that goal.

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

The Vocational Trainers will provide job training in hospitality, food service, horticulture and landscape maintenance. The Supported Employment Coach will provide training in securing, maintaining and retaining a job, resume writing, job interviewing, helping with job benefits including requirements needed to maintain employment.

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

Direct services will be job training, job coaching, resume writing, job acquisition and job retention.

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

90-100 adults and teens with intellectual and developmental disabilities that are living below the poverty level.

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

The benefit will be that the individuals will gain or maintain employment at or above minimum wage and increase their benefit packages, helping to remove them from poverty. Individuals will also achieve benchmarks in job training that will lead to supported employment or competitive 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?**

Failure to provide the Vocational Training or Supported Employment Services, as deliverables to a specific number of clients per month to reach their individual goals will result in (0.25%) per client reduction in funds.

**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



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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