



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1840

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Arc is seeking to expand opportunities for individuals with intellectual and developmental differences to work in an integrated environment and receive on the job supports.

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	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?  No

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

9. Is future funding likely to be requested?  No

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?

Yes

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1840

The Arc received \$239,061.97 for PPP loan to provided pay staff, \$841,906 FMAP (FLHCBS) for new and existing staffing support, and is anticipating \$702,029.41 in ERTC credits that will be used for staffing and operational costs.

## 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		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	Provides salaries and benefits to 2 new full time employees and 10 part time employees to increase workforce by 100 percent	228,655
Expense/Equipment/Travel/Supplies/Other	Provides new equipment and vehicle to increase the capacity for more production and delivery of product.	271,345
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 Arc will expand their work opportunities for individuals with iDD and/or mental health ISSUES. The Arc currently operates a DBA called Sunshine Industries, which provides employment opportunities for individuals who work making survey stakes, picnic tables, pallets, and other wood commodities. Expanding employment will create new opportunities including integrated settings and capacity for new vendors, and improve workers ability to contribute to the community.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

**LFIR # 1840**

Individuals who receive employment through this project will receive on the job training for the first year of employment to increase their ability to be successful on the job. Individuals will participate in work projects and receive support from staff who are trained to provide support to individuals with IDD or mental health concerns.

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

Individuals working will be providing a much needed service to the community by producing a consumable product, benefiting the community at large. Individuals who are receiving employment from the project will be provided an overall better economic situation and receive supports needed to be successful in the community.

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

The primary target population for this project is jobless individuals with intellectual and/or developmental disabilities and/or mental health concerns. This project seeks to expand the Arc's current work program and add 12 more jobs, doubling the current workforce.

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

The expected benefit is to provide economic stability, promote community engagement, and improve mental health for individuals the Arc serves. This will be measured through qualitative interviews with individuals served and by employment which promotes improved self-sufficiency and positive economic impact to the individual and community at large.

**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?**

Unused funds would be returned to the state.

**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)

**d. First Name**  **Last Name**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1840

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number