



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Challenge Enterprises of North Florida, Inc. - Club Challenge

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 01/23/2018

4. **Project/Program Description:**

Engage persons with developmental disabilities on the APD waiting list, unfunded adults with different abilities and senior adults with developmental disabilities that have retired from their jobs and are isolated with new opportunities including pre-employment training, volunteering and socializing with friends and peers.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Agency for Persons with Disabilities

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
252,225		252,225

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	10,000	3.6%
Other	15,000	5.4%
TOTAL	25,000	9.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 277,225

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		168,150	168,150

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

Same amount.

11. Program Performance:

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

Provide a place for unsupervised adults with developmental disabilities to connect with employers, civic organizations and their peers.

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

Club Challenge will schedule activities at the bowling alley, movie theater, shopping mall, library for Club Members. Schedule pre-employment training and introduce internships at local businesses. Train how to use local Clay Transit to access activities and work. Train civic members how to accommodate persons with disabilities especially the retirees in volunteer service. Offer paid work once or twice a week to the Club Members.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	A small percentage 1% of the Executive Staff and 100% of the Project Manager salaries and benefits for Club Challenge. The benefits required by law and benefits eligible under Challenge	59,167



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	Enterprises policies are included.	
<input checked="" type="checkbox"/> Other Salary and Benefits	A portion of the financial and clerical personnel wages and benefits that attend to the accounts payable, receivables and clerical that supports the project, it's staff and membership.	3,213
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Expenses will include a portion of the insurance, technology, utilities, supplies and communications.	4,254
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	The direct care personnel include Activities Leader I, Activity Leader II, and two Assistants. The direct care staff is screened through the Clearinghouse and completed all APD training. They will be assigned activities by the Project Manager to supervise and guide small groups and individuals enrolled at Club Challenge.	132,378
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Expenses will include utilities, two additional computer stations for the members to utilize, gasoline and maintenance for special trips when using a Challenge Enterprises vehicle, expendable supplies such as paper products for restrooms, business supplies, supplies for	53,213



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	activities, staff training and travel.	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		252,225

d. What are the direct services to be provided to citizens by the appropriations project?

Supervision during the day, training for job success, social engagement for retirees that are isolated from peers and community.

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

Adults with intellectual and developmental disabilities. Serve 28 adults.

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

Internship of job placement, volunteer assignments at local non-profit organizations, social engagement with peers and others without disabilities. The outcome measures for each Club Member will be scored using data collection charts, case notes, performance using Pre-Placement Training Curriculum, Employment Stability Plan and placing data on a DASHBOARD to show progress with individual goals and program goals.

g. 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 in the contract?

For failure to provide services for a minimum of 10 participants, the providers monthly invoice payment shall be reduced by one quarter of one percent.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Owned by Challenge Enterprises of North Florida, Inc.

13. Requestor Contact Information:

- a. **Name:** Nancy Keating
- b. **Organization:** Challenge Enterprises of North Florida, Inc.
- c. **Email:** nancyk@challengeenterprises.org
- d. **Phone Number:** (904)284-9859

14. Recipient Contact Information:

- a. **Organization:** Agency of Persons with Disabilities



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b. County: Clay, Duval, Saint Johns

c. Organization Type:

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) Florida State Agency

d. Contact Name: Chadwick Smith (Contract Mnger)

e. E-mail Address: Chadwick.smith@apdcares.org

f. Phone Number: (850)922-7298

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: