



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Innovative Service Development Grant Program for Transportation Services for Persons with Intellectual and Developmental Disabilities - Pilot Program

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 01/31/2018

4. **Project/Program Description:**

Authorizes a program allocation for innovative service development projects specifically relevant to the Intellectual and Developmental Disabled Customer market. Program will utilize a private provider with expertise in serving this market.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
500,000		500,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
e. Complete the following Worksheet.

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:			

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

Yes

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

\$500,000

11. Program Performance:

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

Enhance the design and use of transportation disadvantaged services in both urban and non-urban areas.
Utilize data to make future recommendations to service this market.

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

Provide timely transportation as agreed upon by the user and provider.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	General Manager	55,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Call center staff	36,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Desktop computer, printer	1,000
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Transportation for Riders	408,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Timely ADA compliant transportation.

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

Citizens with intellectual and developmental disabilities.

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

Innovative transportation program will be piloted and data collected to determine the best means to provide ADA compliant transportation for the marketplace.

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?

Termination of the contract.

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.

N/A

13. Requestor Contact Information:

- a. Name: Michael Regan
- b. Organization: UZURV
- c. Email: Mike@uzurv.com
- d. Phone Number: (202)744-9671

14. Recipient Contact Information:

- a. Organization: UZURV
- b. County: Statewide



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c. Organization Type:

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

d. Contact Name: Michael Regan

e. E-mail Address: Mike@uzurv.com

f. Phone Number: (202)744-9671

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

a. Name: Nick Iarossi

b. Firm: Capital City Consulting

c. Email: Niarossi@capcityconsult.com

d. Phone Number: (850)222-9075