



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2326

1. **Title of Project:** Florida Association of Centers for Independent Living

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 03/07/2019

4. **Project/Program Description:**

The requested \$2.5 million will be used to help Florida's 2.37 million people with disabilities to gain independence and obtain a greater quality of life. At minimum an additional 1,748 individuals with disabilities will receive services to live independently.

5. **State Agency to receive requested funds :** Department of Education

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 2,500,000 |
| Fixed Capital Outlay | |
| Total State Funds Requested | 2,500,000 |

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

| Type of Funding | Amount | Percent |
|--|-----------|---------------|
| Total State Funds Requested (from question #6) | 2,500,000 | 100.00% |
| Federal | 0 | 0.00% |
| State (excluding the amount of this request) | 0 | 0.00% |
| Local | 0 | 0.00% |
| Other | 0 | 0.00% |
| Total Project Costs for Fiscal Year 2019-2020 | | 100.0% |

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

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | NonRecurring | | |
| 2018-19 | 1,232,004 | | 35 | No |

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. 2,500,000

10. **Details on how the requested state funds will be expended**

| Spending Category | Description | Amount |
|------------------------------|-------------|--------|
| Administrative Costs: | | |



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| | | |
|--|---|------------------|
| Executive Director/Project Head Salary and Benefits | | |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| Salary and Benefits | Each Center for Independent Living (CIL) individual sets other salary and benefits based on factors including but not limited to budget, service area, total consumers in service area. Total for non-recurring request line item may be adjusted depending on individual CIL totals. | 1,750,000 |
| Expense/Equipment/Travel/Supplies/Other | Each Center for Independent Living (CIL) individually sets operational expenses (equipment, travel, supplies, other) based on factors including but not limited to budget, service area, total consumers in service area. Total for non-recurring request line item may be adjusted depending on individual CIL totals. | 750,000 |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | |
| Total State Funds Requested (must equal total from question #6) | | 2,500,000 |

11. Program Performance:

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

The requested \$2.5 million will be used to help Florida's 2.37 million people with disabilities to gain independence and obtain a greater quality of life. At minimum an additional 1,748 individuals with disabilities will receive services to live independently.

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

Centers for Independent Living provide individualized services to any person with a disability facing a barrier to independence. Services are goal driven and provided through an Independent Living Plan (ILP) or Independent Living Waiver.

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

Advocacy, Information & Referral, Independent Living Skills Training, Peer Mentoring, Transition & Diversion

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

Elderly persons, those with poor mental & physical health, jobless & economically disadvantaged persons, at-risk young, the homeless, developmentally and physically disabled. All Floridians with any disability type who have barriers to independence.

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



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will be measured?

Improve mental health and self worth to individuals with physical disabilities by helping them gain employment and life skills through a Center for Independent living - success measured through staff, gainful employment numbers and how individuals are able to live independently without assistance from the state. Improve quality of education by monitoring gainful employment and tracking data analysis through the CIL. Provided increased self-sufficiency for persons with disabilities (approx. 1,784 individuals).

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 in the contract?

Corrective action plan and reduction of funding, if problems are not remedied.

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:** Corey Hinds
- b. **Organization:** Florida Association of Centers for Independent Living- Legislative Chair
- c. **E-mail Address:** chinds@cilbroward.org
- d. **Phone Number:** (954)722-6400

14. Recipient Contact Information:

- a. **Organization:** Florida Association of Centers for Independent Living
- b. **County:** Statewide
- 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:** Corey Hinds
- e. **E-mail Address:** chinds@cilbroward.org
- f. **Phone Number:** (954)722-6400

15. Lobbyist Contact Information

- a. **Name:** Georgia McKeown
- b. **Firm Name:** Johnson & Blanton
- c. **E-mail Address:** georgia@teamjb.com
- d. **Phone Number:** (904)303-1611