



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1193

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

This service is to provide 2 Vocational Trainers and 1 Supported Employment Coach 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 80-100 people when completed

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="100,000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="000"/>
Total State Funds Requested	100,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100%;" type="text" value="100000"/>	<input style="width: 100%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	100,000	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text" value="2019-20"/>	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="100,000"/>	<input style="width: 100%;" type="text" value="1827"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	2 Vocational Trainers, 1 Supported Employment Coach	100,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		100,000



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11. Program Performance

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

The goal is to provide 2 Vocational Trainers and 1 Supported Employment Coach 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.

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?

80-100 adults and teens with intellectual, mental and physical disabilities who are living at or 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 in 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



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12. **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.**

No

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.