



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1052

1. Project Title Easterseals Southwest Florida Vocational Training, Employment Services and Education

2. Senate Sponsor Jim Boyd

3. Date of Request 01/25/2021

#### 4. Project/Program Description

Easterseals Southwest Florida offers person centered programs for adults (18+ years old) with autism and other developmental disabilities throughout Southwest Florida. The program provides adults we serve functional academics, independent living skills, and vocational training, which requires technology, adaptive equipment, and qualified instructors. Adults with disabilities will greatly benefit and improve their opportunity to live, work and play more independently lessening public support funding. Specifically, "Micro Enterprises" which provide job training skills, creating products that are marketed and sold thus providing income opportunities for our clients. "Virtual Reality" modules that simulate tasks for employment in a desensitized environment with our partner agencies. "Art" which is critical for opportunities for exposure to various mediums. "Equine" which provides the opportunity to learn skills of caring for horses on our 62 acre ranch in a therapeutic environment.

5. State Agency to receive requested funds Agency for Persons with Disabilities

State Agency contacted? Yes

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	978,497
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>978,497</b>

#### 7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	978,497	45%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,215,000	55%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>2,193,497</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	983,888	248	No

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.



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#### 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.

-US Small Business Administration Guaranteed PPP Loan, \$832,000, used for payroll expenses through the pandemic  
-US Small Business Administration Loan \$150,000 Under Section 7(b) of Small Business Act, used to support operating activities due to unavailability to provide service during the pandemic.

#### 11. 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	Director of Adult Services	49,614
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	One Assistant Director of Adult Services Four, Direct Support Professionals Two, Job Coaches One, Lead Job Coach One, Lead Direct Support Professional One, Equine Assisted Learning Instructor One, Art Teacher One, Art Assistant One, Manager of Vocational Services One, Director of Virtual Reality and Business Development One, Virtual Reality Technician	574,683
Expense/Equipment/Travel/Supplies/Other	Training, Supplies, Travel, and Virtual Reality Modules expenses. The majority is allocated to Virtual Reality, including, headsets and technology, and, the design and finalization of the modules for implementation.	354,200
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>978,497</b>

#### 12. Program Performance

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

The purpose of these funds will be to provide job training and preparation for adults with disabilities inclusive of autism, mental health disorders and other disabilities. We utilize the latest technology, specifically virtual reality, to support both traditional and non traditional job opportunities for our clients through direct services and those of our partner organizations.

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



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Micro Enterprises. Including, "Abili-Tees" provides training for our clients to produce tee shirts for local businesses and organizations. "Board and Abilities", our clients design and create signs and artwork to sell utilizing painting and wooden panels.

Virtual Reality. Utilizing digital simulation environments for training in retail and hospitality fields. Includes "soft" skill customer services modules of, attitude, social interaction/communication and conflict resolution. "Hard" skill modules directly training clients in areas of product creation, point of sale, sorting, and stocking. Partnering with Goodwill Industries, Rise and Nyes, and University of South Florida.

Art. Utilizing Arts and Crafts Studio allowing clients to draw, paint and learn three dimensional mediums. Earned income opportunities through art-to-work programs.

Equine. Horses at our Equine Center are trained to partner in critical therapies of physical, speech, and occupational.

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

- Retail Employment Training
- Virtual Reality Assimilation Training
- Micro-enterprises focusing on entrepreneurial goals
- Hospitality Employment Training
- Equine Assisted Learning

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

Adults ages 18 and up with autism and other developmental disabilities that reside in Southwest Florida. Up to 200 adults are expected to be served and benefit.

#### **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 and constantly improve both life and employment skills for our clients. Regardless of the specific program area, job based skills are taught to improve in the following; management/communication, manual, financial/service, self management and adaptive skills. It is expected that our clients will be able to; work in a team environment, follow procedures, learn customer service techniques, be ambitious, and creative. Measurements will include, job placements, retention, improvement of motor skills, and improve economic status.

#### **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?**

We expect to meet and exceed all deliverables and performance measures and have a very strong record of fully complying to all contracts and expectations of all funding sources and partner agencies. In the event deliverables or measures are not met we will repay all funds related to not performing to expectations and immediately implement an improvement plan with associated measurable results.

#### **13. 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.**

Not applicable to our application.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number