



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1131

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

**4. Project/Program Description**

The project will address increased employment and community inclusion opportunities for individuals with severe disabilities. Brevard's AWD project is designed to:

- 1- Provide work skill and soft skill training to those who are not currently able to sustain community employment.
- 2- Increase worker productivity, skills and, therefore, their income, by creating more focused training approaches.
- 3- Increase independence by teaching functional community and safety skills and decrease reliance on state funding.
- 4- Enhance the current educational environment to promote life-long learning.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operations	199,714
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>199,714</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)	199,714	65%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	108,647	35%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>308,361</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	199,714	35	No

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**

**b. Describe the source of funding that can be used in lieu of state funding.**

Attempts would be made to raise the funds from local donors and to seek additional grant funds as available.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1131

Yes

**If yes, indicate the amount of funds received and what the funds were used for.**

Cares Provider Relief Fund: \$18,364.67. Funds used to maintain full staffing for our adult day training program at a ready-state for when programming could resume.

**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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Direct Instructors and Trainers, Education Lead, Guidance Counselor: 5 FTE	191,714
Expense/Equipment/Travel/Supplies/Other	Educational Materials and Supplies, curriculum updates, software, facilities	8,000
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>199,714</b>

**12. Program Performance**

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

To increase employment opportunities, work skills, independence and community integration by person's with disabilities.

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

Specific curriculum will be used to train the many areas of expected behaviors at the workplace and in the community. Funding will also allow our clients with disabilities to participate in the community as much as possible, which is accomplished via community trips to local resources (library, Career Source, local employers, volunteering, etc.)

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

Adults with disabilities will receive classroom instruction, practice work (paid), and community practicums, internships, speakers and volunteering.

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

Adults with disabilities who need further work training; current and future participants in our Adult Day Training program who want to work, improve their work skills and become contributing citizens. At a minimum, 60 individuals will be served once programs are fully functional post-COVID.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1131

- 1-Sixty(60) individuals will receive a pay check each month (in accordance to DOL rules).
- 2-100 percent of participants will complete an employment interest inventory to access training and development needs.
- 3-100 percent of participants will participate in an n-person or virtual job shadowing opportunity in their stated desired field.
- 4-At a minimum, 5 individuals will participate in community inclusion activities per month.

**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?**

A portion of the contract is performance based, with incremental financial penalties for failure to meet deliverables.

**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.**

This funding is not for FCO.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1131

#### 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