



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1178

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

MACtown's Life Skills Services (ADT - Adult Day Training) will provide services to student's with Autism and Intellectual Disabilities in the Miami-Dade schools who are aging out and graduating with a "special diploma" (age 22+) and who are currently on the Medicaid Waiver waitlist. The Life Skills Services (ADT) would be offered 5 days a week for 6 hours per day and include vocational and pre-vocational training, activities of daily living, communication, socialization, and community access. This will enable family members to continue to be employed and not give up their jobs to provide daytime care for their loved ones.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>500,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	300,000	242	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.

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

Yes



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

\$ 2 million PPP Loan for staff wages, benefits and COVID mitigation and to cover significant revenue decrease due to COVID.

**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		0
Expense/Equipment/Travel/Supplies/Other	MACtown's Life Skills Services (ADT - Adult Day Training) will provide students with Autism and Intellectual disabilities of the Miami-Dade school system who are aging out and graduating with a "special diploma" (age 22+) and who are currently on the Medicaid Waiver waitlist. The Life Skills Services (ADT) would be offered 5 days a week for 6 hours per day and include vocational and pre-vocational training, activities of daily living, communication, socialization, and community access.	500,000
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>500,000</b>

**12. Program Performance**

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

To further the independence of students with autism a developmental disabilities who are aging out of the Miami Dade County Public School System and are currently on the MedWaiver Waiting List. This goal will be accomplished by providing specialized educational and vocational skills that can enable them to find employment, be self sufficient and successfully integrate into their local community.

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

MACtown's Life Skills Services Program (ADT) Adult Day Training will provide personalized gym, customized work areas for daily living skills, hospitality, culinary arts, technology, retail, shipping, and packaging. Individuals participating in these programs will also have an opportunity to demonstrate their skills outside of the classroom, ensuring they become valuable contributing members of their communities.

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

The funds will be used to provide individualized services such as pre-vocational and vocational training, activities of daily living, communication, socialization, and community access. Services would be offered 5 days a week for 6 hours per day, which enables their family members and caretakers to continue to be employed and not have to give up their jobs in order to provide daytime care for their loved ones.

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



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Students with Autism and Intellectual Disabilities of the Miami-Dade school system who are aging out and graduating with a "special diploma" (age 22+) and who are currently on the Medicaid Waiver waitlist and do not have services. Expected to serve 51-100 people.

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

Each individual will be able to meet and reach their goals as set forth in their IEP ( Individualized Education Plan). Data will be collected as part of each individual's Person Centered Plan. MACtown will track the rates of program completion, job placement and the individuals ability to demonstrate proficiency in their daily living skills.

**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?**

Revocation of Funds

**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.**

N/A



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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