

LFIR # 1470

1. Project Title	The WOW Center				
2. Senate Sponsor	Ana Maria Rodriguez				
3. Date of Request	11/30/2021				
4. Project/Program Description					
Education, Internst	hips and Training for Future Workforce Success for adults with developmental disabilities.				

5. State Agency to receive requested funds

Department of Education

Yes

No

State Agency contacted? No

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

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	250,000
Total State Funds Requested	550,000

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)	550,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	550,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2021-22	0	250,000	31	No	

9. Is future funding likely to be requested?

 1		

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

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



The federal assistance funding we received was used to continue providing programs and services to adults with developmental disabilities during the COVID-19 pandemic. Funds were used to maintain staffing such as teachers, direct care staff and social workers who provided services to our population.

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Program Development, recruitment and evaluation	27,500		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits	Instructors, social worker and job coaches	272,500		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering	Improvements and renovations to program spaces	250,000		
Total State Funds Requested (must equal total from question #6) 550,000				

12. Program Performance

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

The goal is to train individuals with developmental disabilities for employment and to create community partnerships who will provide internship programs for these individuals to prepare them to enter the workforce.

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

Education, Internships and Trainings for Future Workforce Success for adults with developmental disabilities. The goal is for them to be employed and/or prepared for employment after their internship program.

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

Pre-Employment training on soft job skills: communication skills, task related skills, interpersonal skills and time management in real time situations. Orientation, job coaching throughout the term of internship, corporate coaching to the Human Resource Manager or to the immediate supervisor to ensure safety, and proper resources are given to individuals who are participation in the internship program.

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

Approximately 100 Adults with Developmental and Intellectual disabilities ages 22-81.

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



Improve Mental Health: Qualitative and quantitative data will be collected during the entire internship. Individuals will have an individual education plan (IEP) which will address specific benchmarks that the individuals will complete at each quarter. (Ex: Individuals will learn new work skills which are "hands-on" that are only available via internships at actual job sites.) Enrich Cultural Experience: Qualitative and quantitative data will be collected during the entire internship. Individuals will have an IEP which will address specific benchmarks that the individuals will complete at each quarter. (ex: attaining internships at locations who have never hired individuals with disabilities will provide an enriching cultural experience for our community partners) Improve quality of Education: Qualitative and quantitative data will be collected during the entire internship using IEP. Ex: Individuals will learn new work skills which are "hands-on" that are only available via internship

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?

Nothing beyond standard penalties.

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 organization does not have owners it is a non profit.



LFIR # 1470

14. Requestor Contact Information

	a. First Name	Natalia		Last Name	Wong	
	b. Organization	The WOW Center				
	c. E-mail Address	natalia@wowcentermiami.org				
	d. Phone Number	(305)527-1221 Ext.				
15.	15. Recipient Contact Information					
	a. Organization	The WOW Center				
	b. Municipality and	County	Miami-Dade			
	c. Organization Type					
	□For Profit Entity					
	☑Non Profit 501(c)(3)					
	□Non Profit 501(c)(4)					
	□Local Entity					
	□University or Co	niversity or College				
	□Other (please specify)					
	d. First Name	Natalia		Last Name	Wong	
	e. E-mail Address	natalia@wowcentermiami.org				
	f. Phone Number					
16.	16. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address					
	d. Phone Number					