



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1711

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The state's network of Centers for Independent Living (CILs) are requesting funding to provide support coordination and direct services to adults with disabilities transitioning from hospitals, nursing homes and other institutional settings to the community. The CILs will provide case management, assistance with securing accessible housing, durable medical equipment, peer support, employment skills training, and other assistance to help adults with disabilities live, learn, work and succeed in their communities. Funds will also be used for diversion services to ensure vulnerable adults with disabilities aren't placed in institutional settings unnecessarily.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	900,000
Fixed Capital Outlay	0
Total State Funds Requested	900,000

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)	900,000	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	900,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	450,000	34	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.

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



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

Each of the 15 Centers for Independent Living received a pro-rated allocation of funds through the CARES Act to provide COVID-related assistance to individuals with disabilities in their communities. Allowable uses of the funds were restricted to pandemic response activities and must be used by September 30, 2022.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Each of the Centers for Independent Living (CILs) funded through this request will allocate \$3,000 to offset salary costs of the Exec. Director who will oversee the delivery of services (15 X \$3,000 = \$45,000)	45,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Each of the CILs funded through this request will receive \$45,000 to cover the costs of dedicated staff who will deliver the transition and diversion services (\$45,000 X 15 = \$750,000).	750,000
Expense/Equipment/Travel/Supplies/Other	Each of the CILs funded through this request will receive \$7,000 to cover the costs of travel, equipment and supplies for a total of \$105,000 (\$7,000 X 15 = \$105,000).	105,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		900,000

12. Program Performance

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

Adults with disabilities will receive transition and diversion supports and services that allow them to live independently in their communities. Individuals served with these funds will be diverted from unnecessary institutional placements and they will be assisted in transitioning out of institutional placements.

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

CILs will work with vulnerable adults to provide supports that prevent unnecessary hospitalizations and nursing home placements. CILs will also help vulnerable adults successfully transition from hospitals and nursing homes back to their communities.

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

Case management, peer mentoring, employment assistance, home accessibility modifications, information about local services, assistance in enrolling in state assistance programs, development of Independent Living Plan, assistance with acquiring assistive technology and durable medical equipment and accessing education and skills training and acquiring employment skills.

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

We expect to serve 400-500 Floridians with disabilities through this project.

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



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be measured?

Adults with disabilities will receive assistance and support to transition from institutional settings back to community living - and employment or education, if appropriate. Adults with disabilities will experience improved mental health as a result of connection with services and supports provided by Centers for Independent Living and will become engaged in social, cultural and employment activities. These outcomes will be measured through data provided by the CILs on the number of individuals served.

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?

Contract funds will be reduced if CILs fail 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.

Centers for Independent Living



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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