

LFIR # 1928

2. Senate Sponsor Manny Diaz

3. Date of Request 12/15/2021

4. Project/Program Description

The housing development funded through this request will be a shared living community for individuals with intellectual and developmental disabilities who require 24/7 supervision, co-located in an enriched independent living community. The community and program will be designed to maximize self help/independent living skills, provide greater autonomy, and empower enhanced participation in the community at large. The development of this program on the site of an enriched independent living community will addresses federal mandates to transition individuals with IDD from facility-based settings to community based settings, while providing vocational, educational, and recreational enrichment, inclusion, and opportunities to enhance connectedness, integration, and self-sufficiency within the community.

5. State Agency to receive requested funds

Department of Economic Opportunity

State Agency contacted?

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

No

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

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)	2,000,000	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	2,000,000	100%	

8. Has this project previously received state funding? Yes

Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2020-21		425,000	2272	Yes	

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



No

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

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

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits		0	
Other Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study		0	
Operational Costs: Other			
Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Architecture and design consultants, IDD design services, programs and policies consultant, marketing and feasibility studies, supportive services consultant, legal services, and other consultants required to complete pre-development tasks. Capital funds to complete the architecture, engineering, surveying, testing, and infrastructure; including site-work, utilities, rough grading, and building pads, for the Village of Casa Familia Phase II.	2,000,000	
Total State Funds Requested (m	ust equal total from question #6)	2,000,000	

12. Program Performance

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

Funding is requested to support the development of a shared housing community for adults with intellectual and developmental disabilities who require 24/7 supervision, co-located in an enriched independent living community and supports the federal mandates to transition individuals with IDD from facility-based settings to community based settings while providing educational and recreational enrichment, inclusion, and opportunities to enhance connectedness, integration, and self-sufficiency. Additionally, funding will enable the implementation of a transportation program that increases access to the broader community and creates opportunities for education, employment, health care, and participation in community life otherwise out of reach.

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

Activities will include research and development of programs and services for self-help/daily living skills training, preconstruction and construction activities, including but not limited to architecture, engineering, testing, and site work.

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

Services will include 24/7 supervision as needed, daily living skills assistance and training, residential habilitation services, educational enrichment, on-site recreational activities, and planned activities such as shopping, dining out, going to movies, and other recreational and leisure opportunities to enhance connectedness, integration, and self-sufficiency.

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



Individuals served by this funding will include adults with intellectual and developmental disabilities who require 24/7 supervision but who will benefit from living in an environment that maximizes their potential for independence and self determination.

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

be measured?

This project will develop best practices strategies to ensure residents are provided with a safe and secure environment and receive the training they require to maximize their self-help/independent living skills. This project will be programmatically designed to maximize opportunities for community integration and improve the quality of life of its residents.

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?

Reimbursement of funds to the state. Standard contract penalties are sufficient.

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.

Casa Familia, Inc.



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14. Requestor Contact Information

	a. First Name	Anay		Last Name	Abraham	
	b. Organization	Casa Familia, Inc.				
	c. E-mail Address	aabraham@casafamiliainc.org				
	d. Phone Number	(786)422-	-4676	Ext.		
15.	15. Recipient Contact Information					
	a. Organization	Casa Familia, Inc.				
	b. Municipality and	d County Miami-Dade				
	c. Organization Type					
	□For Profit Entity	Profit Entity				
	☑Non Profit 501(c	(c)(3)				
	□Non Profit 501(c	c)(4)				
	□Local Entity					
	□University or Co	llege				
	□Other (please sp	pecify)				
	d. First Name	Deborah		Last Name	Lawrence	
	e. E-mail Address	dlawrence@casafamiliainc.org				
	f. Phone Number					
16.	16. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address	s				
	d. Phone Number	e Number				