

1. Project Title

2. Senate Sponsor

3. Date of Request

Operation G.R.O.W

Jason Brodeur

01/25/2023

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1063

4. Project/Pro	ogram D	escription					
with intelle G.R.O.W's and custon the particip partnership independe	ctual and Employr nized employr this continuity of the continuity	I developmental disament Coaches provious ployment opportunities is accomplished the cational Rehabilitations on government be	bilities with the de continuing e ies. Operation frough relations on. Employmer enefits, and co	e goa educa G.R. ships nt in t	I of obtaining compet tion, career and trav O.W.'s goal is to buil with community par	titive, integrated em el training through s d upon and enhance tners, classroom ins nable individuals to b ty. Inspire of Central	pecome more financially I Florida seeks to
5. State Agei	ncy to re	ceive requested fu	nds Ager	ncy fo	or Persons with Disa	bilities	
State Ager	ncy cont	acted? Yes					
C Amount of	the New	was writing Dagwast	for Final Voc	201	22 2024		
6. Amount of	the Non	recurring Request	TOT FISCAL TEA	Ir 202	23-2024		1
Type of Fu					Amo	-	
Operations						495,046	
Fixed Capi						0	
Total State	e Funds	Requested				495,046	
7. Total Proje	ect Cost	for Fiscal Year 202	3-2024 (includ	ling r	matching funds ava	ilable for this proje	ect)
Type of Fu	unding				Amount	Percentage	
Total State	Funds F	Requested (from que	stion #6)		495,046	100%	
Matching	Funds			ı			
Federal					0	0%	
•	uding the	amount of this requ	iest)		0	0%	
Local					0	0%	
Other					0	0%	
Total Project	ect Cost	s for Fiscal Year 20	23-2024		495,046	100%	I
8. Has this p	roject pr	eviously received s	state funding?	?	Yes		
Fiscal		Amo	ount		Specific	Vetoed	
(уууу-	-уу)	Recurring	Nonrecurrir	ng	Appropriation #		
2022-23		0	348	3,618	SB1057	No	I
9. Is future fu	unding li	kely to be requeste	ed?		Yes		
a. If yes, in	ndicate r	nonrecurring amou	nt per year.		495,000		
b. Describ	e the so	urce of funding tha	t can be used	l in li	eu of state funding.		
N/A							I
10. Has the e	entity rec	questing this projec	t received any	y fed	eral assistance rela	ated to the COVID-	19 pandemic?



11. Status of Construction

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No		
If yes, indic	cate the amount of funds received and what the funds were used for.	

Complete questions 11 and 12 for Fixed Capital Outlay Projects

	a. What is the current phase of the project?					
	OPlanning	ODesign	Construction			
	b. Is the project "shovel ready" (i.e permitted)?					
c. What is the estimated start date of construction?						

12. List 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.

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

d. What is the estimated completion date of construction?

Spending Category Description		Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	30% of the Executive Director's salary.	31,999
Other Salary and Benefits	30% of the Operations Manager, Operations Coordinator and Administrative Assistants salaries.	40,558
Expense/Equipment/Travel/Supplies/ Other	Workman's Comp fees and Administrative Costs	72,651
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Program Coordinator and four Employment Coaches salaries	182,968
Expense/Equipment/Travel/Supplies/ Other	Upgraded technology, including software, enhanced RMS system, transportation to and from job sites, staff training, 30% of facility insurance, utilities, janitorial supplies, maintenance and equipment leases. Also, establish inventory and equipment for two locations of Inspire Your Day Café.	145,750
Consultants/Contracted Services/Study	Dance, health and wellness, and art programs for participants, Behavioral Analysts, medical and financial professionals as required.	21,120
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	495,046

14. Program Performance

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



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Operation G.R.O.W. enhances existing abilities of program participants by developing additional life enrichment and job readiness skills to secure competitive, integrated employment. This is accomplished through real-world work experiences, classroom instruction, and Inspire's partnership with Vocational Rehabilitation (VR).

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

The program participants are engaged in continued education, travel and career training, which provide a foundation to increase the individual's employability in a competitive, integrative employment setting. This experience is provided through community partnerships with local government entities and businesses.

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

The program participants will be able to obtain practical employment skills through internships with our community partners. Through Operation G.R.O.W. participants can develop a variety of job readiness skills which will assist them in their future competitive, integrated employment. These skills are enhanced through continued education, travel and career trainings. I

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

The target population is adults with intellectual and developmental disabilities (IDD). We expect to enroll a minimum of twenty-five participants in Operation G.R.O.W. throughout the fiscal year. More than 85% of our program participants are Seminole County residents. Currently, there are approximately 900 individuals with IDD residing in Seminole County and over 3000 in Orange County.

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

The expected benefits include: Improve mental and physical health, increase knowledge of transportation use and awareness, enhance participant's economic self-sufficiency, create job opportunies, improve socialization and educational opportunities. Measurement of the participants' engagement and their comprehension of the subjects that are taught will be measured through regular and recurring assessments, securing employment and through on-going documentation.

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?

The increments of financial consequences that shall apply must be based upon the severity of the noncompliance, nonperformance, or unacceptable performance. The financial consequences shall not exceed ten percent (10%) of the total project payments. Noncompliance involving the provision of service not having a direct effect on client health and safety may result in the imposition of a five percent (5%) financial consequence. Noncompliance as a result of unacceptable performance of administrative tasks may result in the imposition of a two percent (2%) financial consequence.

13. Requester Contact information						
a First Name	Stophania					

15 Deguester Contact Information

a. First Name	Stephanie	Last Name Ryan			
b. Organization	Kathleen Anderson Comprehensive Work Center, Inc. DBA Inspire of Central Florida				
c. E-mail Address	sryan@inspirecfl.org				
d. Phone Number	(407)699-4419	Ext.			

16. Recipient Contact Information

a. Organization Kathleen Anderson Comprehensive Work Center, Inc. DBA Inspire of Central Florida

b. Municipality and County | Seminole

c. Organization Type



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□For Profit Entity	□For Profit Entity					
☑Non Profit 501(c	☑Non Profit 501(c)(3)					
□Non Profit 501(d	□Non Profit 501(c)(4)					
□Local Entity						
□University or Co	□University or College					
□Other (please sp	□Other (please specify)					
d. First Name	Stephanie	Last Name	Ryan			
e. E-mail Address	Sryan@inspirecfl.org					
f. Phone Number	f. Phone Number (407)699-4419					
17. Lobbyist Contact Information						
a. Name	None					
b. Firm Name	None					
c. E-mail Address						
d. Phone Number						