



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2090

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	850,000
Total State Funds Requested	1,200,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,200,000	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 2023-2024	1,200,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	550,000	26	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

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



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The funds below were received and used to maintain direct care staff over for two years while our reimbursement funds were approximately 60% lower than pre COVID.

CARES Act PPP Loan round 1 - \$245,900
 CARES Act PPP Loan round 2 - \$248,690
 CARES Act Provider Relief Fund US Health & Human Services \$38,464.05
 CARES Act Provider Relief Fund US Health & Human Services \$32,266.83
 Employee Retention \$424,731
 Hero pay bonuses to direct care staff who work during covid-19 pandemic emergency \$582,111.78

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

7/01/2023

d. What is the estimated completion date of construction?

6/30/2025

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.

No owners it is a non-profit

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Program Management	17,500
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Instructors, social workers and Job Coaches	332,500
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovation/Construction	850,000
Total State Funds Requested (must equal total from question #6)		1,200,000

14. Program Performance

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



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The goal is to train individuals with developmental disabilities for employment and to create community partnerships that 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 participating 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 that 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.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number