



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2648

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Specialized adult day training center for special needs individuals that successfully prioritizes quality of service & its recipients' overall well being and journey to a life of independence and fulfillment. Recipients are assessed, a baseline with a focused person-centered approach is then established for one's goals to be met and unique abilities enhanced with the support & guidance of our dedicated & trained team. Program participants are exposed to individualized, learning methods, trainings, & activities to improve one's baseline. Periodic observations, documentation, & team meetings are done. To demonstrate overall clients' (& families) mental, emotional, and physical health are improved due to our attentive care, individualized strategies, open communication, & team work; unlike other wasteful, lacking in quality and understanding services & providers.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 790,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 790,000 |

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) | 790,000 | 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 | 790,000 | 100% |

8. **Has this project previously received state funding?**

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|-----------------------|-----------|--------------|--------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

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.**



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2648

The current Medicaid Waiver amount received for each consumer barely covers the overhead costs associated with running this operation. This funding will allow us to not only enhance our services but to also expand to serve additional members of our society. Without this funding we would not be able to provide these services and improve the quality of life.

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.

PPP: \$80,321.00 & SBA Covid relief Loan: \$224,400.00. These funds were used for the business to remain open and not be shutdown during the pandemic, meet payroll, rent, and general everyday expenses. To continue to serve these special needs individuals.

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion 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

| Spending Category | Description | Amount |
|---|--|---------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | The project heads will be responsible to oversee all aspects of the project. Ensure successful execution through supervision, being hands-on in all areas, ensuring documentation, & communication with all team members. Review the clients progress & next steps that need to be taken throughout this process with the group supervisors & clients' families. 2 staff X \$35 X 40hrs X 52wks = \$145,600.00 | 145,600 |
| Other Salary and Benefits | The group supervisors will report directly to the project heads to review their groups' progression, direct care staff work performance, & meet with clients' families regarding goals & receive their input. Will be responsible to oversee direct care staff of their group & ensure activities are followed & documentation is being done by staff. 2 staff X \$25 X 35hrs X 52wks = \$91,000.00 | 91,000 |
| Expense/Equipment/Travel/Supplies/Other | Rent: \$15,000 per month = \$180,00.00 | 180,000 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2648

| | | |
|--|--|----------------|
| Salary and Benefits | Each direct care staff will be assigned a group of clients & will be responsible for their group's goals, activities, & documentation. These individuals will report to their group supervisor & project heads. Will periodically meet with clients' families regarding their clients' progression. 7 staff X \$20 X 30hrs X 52wks = \$218,400.00 | 218,400 |
| Expense/Equipment/Travel/Supplies/Other | Transportation costs: New 15 passanger Van \$55,000. Insurance: \$2,800. Tolls & Fiel: \$7,200 = \$65,300.00 | 65,000 |
| Consultants/Contracted Services/Study | Architect services to expand current location | 25,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Remodeling costs | 65,000 |
| Total State Funds Requested (must equal total from question #6) | | 790,000 |

14. Program Performance

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

To successfully improve the quality of life and the overall mental & physical health of special needs young adults & that of their families with an efficient program that focusses on quality of service & achieve independence & possible employment. To demonstrate that our program is what's needed in the community for these individuals to flourish and thrive.

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

Person-centered daily living skill trainings that will play part in personal development & fulfillment. Community outings & socially focused activities that will improve clients' social integration & skills. Rigorous fitness activities that will improve overall physical / mental health.

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

Daily exercise, sensory focused activities, various community outings, art, music, socialization, & living skill trainings/orientations.

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

Persons with poor mental health. Persons with poor physical health. Developmentally disabled. Physically disabled. Persons diagnosed with special needs / Autism. 51 to 100 individuals.

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

Eliminate and/or reduce incidents of maladaptive behaviors & emotional episodes by applying person-centered approach strategies, when participating in our program. Provide needed support to the families with actively, open communication & trainings. Enrich cultural experience by exposing clients to music, art, & cultures in our rich diversity of our community. Exposing others to special needs; to know the importance of special needs awareness & advocacy. Consumers will be assessed & a meeting will be done with the family to establish one's baseline & will be exposed to specific methods to improve that baseline. Periodic observations, notes, & meetings will be done. progress logs will be completed by trained staff.

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?

Failure to do such project will lead to severe mental, physical, emotional, & behavior regression of these special needs consumers & that of their families. Without the proper, impactful - quality, program in place, these recipients, their families, & individuals around them, will be in a very high-risk crisis; effecting everyone's overall mental & physical health for worse. With this project, we will have the capability to prioritize these issues, as they are severely lacking in the community.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2648

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)
- 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