

LFIR # 1109

1.	Project Title	Community Tran	sition Services	for Adults with Disabiliti	es			
2.	Senate Sponsor	Stan McClain						
3.	Date of Request	2/5/2025						
4.	Project/Program De	escription						
	and community supp	oort coordination for r institutionalized se	adults with dis ettings. CILS wi	enters for Independent I abilities transitioning fro Il provide employment s	m hospitals, nursing	homes, incarceration,		
5.	State Agency to red	ceive requested fu	nds Depa	artment of Education				
	State Agency conta	cted? Yes						
6.	Amount of the Noni	recurring Request	for Fiscal Yea			1		
	Type of Funding			Am	ount	-		
	Operating Fixed Capital Outlay				1,500,000			
	Total State Funds I				1,500,000			
7.		•	5-2026 (includ	ing matching funds av		-		
	Type of Funding			Amount	Percentage]		
	Total State Funds R	equested (from que	stion #6)	1,500,000	100%			
	Matching Funds							
	Federal			(0%			
	State (excluding the	amount of this requ	iest)	(0%			
	Local			(0%	-		
	Other			(0%			
	Total Project Costs	for Fiscal Year 20	25-2026	1,500,000	100%			
8.	Has this project pro	•	_	Yes		-		
	Fiscal Year	Amo		Specific	Vetoed			
	(уууу-уу)	Recurring	Nonrecurrin			_		
		0	900	,000 3	No No]		
	2024-25							
9.	2024-25 Is future-year fundi		uested?	Yes		7		
9.		ing likely to be req		Yes 1,500,000]		
9.	Is future-year fundi a. If yes, indicate n	ing likely to be req	nt per year.		g.			

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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a. What is the cu		he project?				
Planning	Design	Construction	O N/A			
b. Is the project	"shovel ready" ((i.e permitted)?				
c. What is the es	stimated start da	te of construction?				
d. What is the es	stimated comple	tion date of constru	ction?			
e. What funding	stream will be u	sed for ongoing ope	rations a	nd maintenanc	e of the project?	
		o receive, directly or rs of the facility and			oital outlay fundir	g. Include the

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Each Center for Independent Living will receive \$10,000 to offset the salary costs of the Executive Director and Project Director (\$10,000 x15 CILS = \$150,000)	150,000		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs				
Salary and Benefits	Each Center for Independent Living will receive \$60,000 to cover the cost of dedicated staff persons to coordinate and provide transition services (\$60,000 X 15 CILs = \$900,000)	900,000		
Expense/Equipment/Travel/Supplies/ Other	Each Center for Independent Living will receive \$30,000 to cover the costs of travel, equipment, and supplies associated with transition services for adults with disabilities (\$30,000 X 15 CILs = \$450,000)	450,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (m	ust equal total from question #6)	1,500,000		

13. Program Performance

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

The funds will be used by Florida's network of 15 Centers for Independent Living (CILs) to deliver services and supports for adults with disabilities transitioning from hospitals, nursing homes, incarceration, foster care and other institutional settings. CILs will provide employment skills training, peer supports, home modifications, assistance with securing accessible housing, assistive technology and other community supports needed to live, learn, work and succeed in their communities.



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

Centers for Independent Living will work with individuals with disabilities appropriate for transition from hospitals, nursing homes and other institutional settings and develop community transition plans based on the consumers unique needs. CIL staff will coordinate and provide the necessary supports and services to ensure safe, sustainable and successful transitions back to the community.

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

Care coordination, peer mentoring, employment assistance, information about local services, assistance in enrolling in state assistance programs, development of Independent Living Plan, home modifications, 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?

Floridians with disabilities and frail seniors wishing to transition from a nursing home back to the community, adults with disabilities who are at risk of nursing home placement or hospitalization due to unmet needs or the inaccessibility of their living environment, adult students with disabilities transitioning from high school to postsecondary education or employment who require accommodations or assistance to live independently, formerly incarcerated individuals with disabilities, and youth with disabilities aging out of foster care.

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

These funds will allow Centers for Independent Living to help adults with disabilities achieve their education, employment and self-sufficiency goals as they transition from institutional settings. FACIL is developing a matrix which will track the success each Center has had with the population described to date and anticipated gains with additional funding.

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 in the contract?

For any month during which a center for independent living fails to achieve the required performance measures, the contracting agency can deduct one-twelfth of the annual allocation for that center.

	001	intracting agency can accuse one twenth of the annual anecation for that content						
14	14. Is this project related to mitigation, response, or recovery from a natural disaster? No							
	a. If Yes, what phase best describes the project?							
		Mitigation (reducing or eliminating potential loss of life or property)						
		Response (addressing the immediate and short-term effects of a natural disaster)						
		Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)						
b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):								
15. Has the entity applied for or received federal assistance for this project?								
	□ Y	es, Applied						
	□ Y	es, Received						
		No						
		No, but intends to apply						

a. If yes, provide the FEMA project worksheet ID#:



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b. Provide the total	I project cost listed on the	e FEMA proj	ect worksheet:		
6. Has the entity app	olied for or received state	assistance f	for this project (other tha	n this request)?	
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	to apply				
a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Do	
7. Requester Contact	t Information			1	
a. First Name	Robert		Reinshuttle]	
b. Organization		Florida Association of Centers for Independent Living			
	robert@floridacils.org	7]	
d. Phone Number	(850)980-0262	Ext.			
3. Recipient Contact	Information				
a. Organization	Centers for Independent I	Living			
b. Municipality and	d County Statewide				
c. Organization Ty	/pe				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	ollege				
□Other (please sp	pecify)				
d. First Name	Robert	Last Name	Reinshuttle		
e. E-mail Address	robert@floridacils.org				
f. Phone Number	(850)980-0262	Ext.			



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a. Name	Jon E. Johnson	
b. Firm Name	Johnson & Blanton	
c. E-mail Address	cheryl@johnsonblanton.com	
d. Phone Number	(850)224-1900	

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.