

LFIR # 1135

1. Project Title	Arc Broward Skills Tra	aining - Adults with Disabilities		
2. Senate Sponsor	Tina Polsky			
3. Date of Request	2/10/2025			
4. Project/Program D	escription			
needed by employe sustain economic seemployment, compleand behaviors. Long employed, out of po Arc Broward has a barriers and needs.	rs; help them to identify of curity and self-sufficience te career ready post-sectories are engagement in sectory and achieving self-sectory of providir This occurs through a "b	career paths and learn basic financia by. The goal of these services is to he condary education and/or increase learning to earning the to earning the sufficiency. In a high quality education and emplo	knowledge of basic financial skills concer on, keep and grow assets while remaining byment supports to individuals with complet t term, post-secondary education leading	ots lex
5. State Agency to re	ceive requested funds	Department of Education		
State Agency conta	acted? Yes			

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	28%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	85,000	6%
Local	225,000	16%
Other	700,000	50%
Total Project Costs for Fiscal Year 2025-2026	1,410,000	100%

8. Has this project previously received state funding? Yes If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2024-25	0	350,000	28	No	

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(уууу-уу)	Recurring Nonrecurring		Appropriation #		
2024-25	0	350,000	28	No	

9. Is future-year funding likely to be requested?	Yes
a. If yes, indicate nonrecurring amount per year.	400,000

b. Describe the source of funding that can be used in lieu of state funding.

Private Foundations and Fundraising



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

Planning	O Design	Construction	O N/A		
Is the project	"shovel ready"	(i.e permitted)?			
What is the es	stimated start da	te of construction?			
What is the es	stimated comple	tion date of constru	ction?		
What funding	stream will be u	ised for ongoing ope	erations and maint	enance of the project	?
List the owners		o receive, directly or		ed capital outlay fund	ling. Include t

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Allocation of VP/Workforce Services	50,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Allocation of salaries and benefits for program staff which may include Arc Works Director, Trainer, Vocational Case Manager, Career Placement Manager, Admissions Coordinator, Employment Specialists, Career Placement Specialist, Job Placement Specialist, Contract Manager, Post-Secondary Program Manager, and Certificate Program Instructors	320,000
Expense/Equipment/Travel/Supplies/ Other	% of lease space and associated utilities. Office supplies. Program Supplies.	30,000
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)	400,000

13. Program Performance

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



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Expand access to specialized post-secondary, rapid credential education programs and/or intensive and critically necessary employment supports for adults with disabilities.

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

Evidenced based "bundled" approach to providing short term post-secondary education leading to career opportunities; financial skills education; career employment counseling; case management and/or workplace supports to help adults with disabilities obtain and maintain employment, complete career ready post-secondary education and/or increase knowledge of financial stability concepts and behaviors. Long-term engagement in services ultimately allows them to earn, keep and grow assets and live financially secure lives.

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

Short term post-secondary certificate programs; case management supports; basic financial literacy skills education; job/career exploration/counseling and employment development, placement, on the job coaching and follow along.

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

Persons with disabilities; minimum of 110

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

Participants will engage in bundled service offerings and achieve one or more of the following outcomes: graduate from a short term, rapid credential post-secondary certificate program, increase financial literacy knowledge, obtain and maintain employment and/or increase access in the community.

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?

	Notice with reasonable time to cure.
4. Is	s 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):
5. H	las the entity applied for or received federal assistance for this project?
	1 Yes, Applied
	l Yes, Received
	l No
	No, but intends to apply

b. Provide the total project cost listed on the FEMA project worksheet:

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



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6. Has the entity app	lied for or received state	assistance t	for this projec	ct (other than	this request	i)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o apply					
	e program and state ager	ncy (ex. Loca	al Governmen	it Emergency	/ Bridge Loar	า,
. Requester Contact	Information					
a. First Name	Julie	Last Name	Price			
b. Organization	Arc Broward, Inc.					
c. E-mail Address	jprice@arcbroward.com					
d. Phone Number	(954)732-1668	Ext.				
a. Organization b. Municipality and	Arc Broward, Inc.]		
c. Organization Typ	-			J		
□For Profit Entity						
☑Non Profit 501(c	c)(3)					
□Non Profit 501(c						
□Local Entity	'八 ⁻ /					
·						
□University or Co	_					
□Other (please sp	pecify)					
d. First Name	Julie	Last Name	Price			
e. E-mail Address	jprice@arcbroward.com					
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. Lobbyist Contact I	nformation					
a. Name	Susan K Goldstein					
b. Firm Name	The Legis Group					



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c. E-mail Address	susan@legisgroupfl.com	
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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.