

**LFIR # 1546** 

1.	Project Title	Neurodiverse Jo	obs Program				
2.	Senate Sponsor	Joe Gruters					
3.	Date of Request	2/18/2025					
4.	Project/Program D	escription					
		•					
	his request is intended in the can implement Profoongoing support for	essional Developme	ent Plans, source	e job opportunities	, provi	de job-specific train	rtation costs so that we ling, and provide
In addition, we will introduce Rise Up Cafe Coffee Carts in local high schools. These micro-businesses are designed to provide job skills training and on-the-job experience for students with intellectual and developmental disabilities (IDD). as importantly, this program will promote the inclusion and integration of an often isolated and excluded population fostering friendships, breaking down social barriers, and providing the dignity, pride, and empowerment of having a job						al disabilities (IDD). Just uded population	
5	State Agency to re	caive requested fo	inde Dona	rtment of Education	n.		
;	State Agency conta	acted? Yes			<u> </u>		
[	Type of Funding				Amo	]	
	Operating					325,000	
1		1		323,000			
ı	Fixed Capital Outlay  Total State Funds Requested			225 000			
I	Total State I ulius	Nequesteu		325,000			
	T-4-1 Duni4 Con4						
<i>1</i> .	Total Project Cost 1	for Fiscal Year 202	25-2026 (includi	ng matching fund	ds ava	ilable for this proj	ect)
Г	Type of Funding	for Fiscal Year 202	25-2026 (includi	ng matching fund	ds ava	ilable for this proj	ect)
Г	•		,	Amount	<b>ds ava</b> 5,000		]
	Type of Funding		,	Amount		Percentage	]
	Type of Funding Total State Funds R		,	Amount		Percentage	
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	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que	estion #6) uest)	Amount 32	5,000 0 0	Percentage 100% 0% 0% 0%	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	e amount of this requested (from quested (fr	uest) 025-2026 state funding?	Amount 32	5,000 0 0	Percentage 100% 0% 0% 0% 0%	
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8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (yyyy-yy) Is future-year fund a. If yes, indicate n	e amount of this requested (from quested (from quested (from quested example)) and the second of this requested from Fiscal Year 20 eviously received most recent instance.  Amount of this requested from Fiscal Year 20 eviously received most recent instance.  Amount of this requested from quested from Fiscal Year 20 eviously received most recent instance.	estion #6)  uest)  025-2026  state funding? nce:  ount  Nonrecurrin  quested? unt per year.	Amount 32 No Specific Appropriati  Yes 325,000	5,000 0 0 0 5,000	Percentage  100%  0%  0%  0%  0%  100%  Vetoed	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (yyyy-yy) Is future-year fund a. If yes, indicate in b. Describe the soci	e amount of this requested (from quested (from quested (from quested example)) and the second of this requested from Fiscal Year 20 eviously received most recent instance.  Amount of this requested from Fiscal Year 20 eviously received most recent instance.  Amount of this requested from quested from Fiscal Year 20 eviously received most recent instance.	estion #6)  uest)  025-2026  state funding? nce:  ount  Nonrecurrin  quested? unt per year. at can be used	Amount 32 No Specific Appropriati  Yes 325,000	5,000 0 0 0 5,000	Percentage  100%  0%  0%  0%  0%  100%  Vetoed	



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Const		he project?		
O Planning	O 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	erations and mainter	nance of the project?
		o receive, directly or rs of the facility and		d capital outlay funding. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Job Skills Training in workshop settings to include interactive materials for hands-on job skills training sessions with facilitators. Onsite travel and immersive experiences at work-place sites, including program supplies and materials.	50,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Program director and staff to execute the job skills training and workplace support programs.	175,000
Expense/Equipment/Travel/Supplies/ Other	Transportation for participants with intellectual and developmental disabilities - \$50,000; School Coffee Carts (pilot program in two Sarasota County schools - carts, supplies, training for school staff and participants) \$25,000. Scholarships for students ranging from \$2,000 \$15,000 each for a total of \$300,000, Training & Systems at \$100,000; Software Application for students to provide a communication platform with mentors and career exploration - \$250,000; Paid Internships for 50+ students	75,000
Consultants/Contracted Services/Study	Marketing to promote successes, raise awareness, and encourage other businesses to participate in these empowering programs for adults and students with intellectual and developmental disabilities.	25,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	325,000



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#### 13. Program Performance

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

People with intellectual and developmental disabilities (IDD) will have the necessary skills and opportunity to work in community integrated jobs.

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

Businesses and public entities (Sarasota County, City of Sarasota, Manatee County, etc.) will be educated by our team on the value of hiring people with IDD. We will provide the job skills training to properly prepare program participants for specific jobs.

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

We will match skilled and qualified people with IDD (we will provide the job-specific training) with businesses and public entities seeking enthusiastic and dedicated employees. We develop partnerships with employers, provide job-specific training, assist in the hiring process, and provide ongoing support to the employer and employee to help ensure success.

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

We serve and champion for people with intellectual and developmental disabilities (IDD). We plan to enroll 50 adults with IDD in the jobs program and 25 high school students with IDD in the Coffee Cart program.

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

We will help businesses and public entities realize the value of hiring people with IDD, and in turn assist people with IDD attain successful, secure jobs with these businesses and public entities. We will measure our success by how many participants we place in jobs.

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?

	ior raining to most deriverables of performance measures provided for in the sortifact.
	If we fail to meet our expected outcomes, then we suggest that funding not be considered for the next funding of
14. I	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. I	Has the entity applied for or received federal assistance for this project?
[	□ Yes, Applied
[	□ Yes, Received
	□ No
[	□ No, but intends to apply

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



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b. Provide the total	project cost listed on	the FEMA proj	ect worksheet:	
6. Has the entity app	lied for or received sta	te assistance	for this project (other th	an this request)?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	o apply			
a. If yes, specify the Commerce):	e program and state ag	gency (ex. Loca	al Government Emergen	cy Bridge Loan, Departm
. Requester Contact			0	
a. First Name	Beverly  Inclusion Revolution, In	Last Name	Shriver	
b. Organization	beaver.shriver@theincl			
d. Phone Number		Ext.	i.org	
B. Recipient Contact	Information			
a. Organization	Inclusion Revolution, In	nc.		
b. Municipality and	d County Sarasota			
c. Organization Ty	pe			
□For Profit Entity				
☑Non Profit 501(c	:)(3)			
□Non Profit 501(c	:)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Beverly	Last Name	Shriver	
e. E-mail Address	beaver.shriver@theincl	ustionrevolution	n.org	
f. Phone Number	(724)312-0824	Ext.		



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