

LFIR # 1833

1. Project Title	Las Olas Chabad Jewish Center- Friendship Circle Grill - Job Skills Training

2. Senate Sponsor Jason Pizzo

3. Date of Request 2/24/2025

4. Project/Program Description

Las Olas Chabad is not only a place of worship for the Jewish Community, but also a place of service open to everyone in the entire community including persons with autism, developmental, and intellectual disabilities. Their unique location in the heart of town provides a strong sense of belonging and a unique inclusion component for participants training in the Friendship Circle Program. It prepares participants with skills for employment in the community. The Friendship Grill, located on Las Olas and open to the public, provides culinary training and work experience for program participants. Friendship Circle provides assistance, life skills and additional supports to individuals with special needs and their families through social, educational and vocational programming. In addition to helping those in need, the Friendship Circle enriches its network of volunteers by enabling them to reap the rewards of selfless giving.

5. State Agency to receive requested funds

Department of Commerce

State Agency contacted? No

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

Type of Funding	Amount
Operating	280,000
Fixed Capital Outlay	0
Total State Funds Requested	280,000

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)	280,000	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 2025-2026	280,000	100%	

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

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2024-25	0	110,000	2305	No

9. Is future-year funding likely to be requested?

No

Yes

a. If yes, indicate nonrecurring amount per year.

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



Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Const a. What is the cu		he project?			
O Planning	🔵 Design	Construction	🔿 N/A		
b. Is the project c. What is the es	•	(i.e permitted)? te of construction?			
d. What is the es	stimated comple	tion date of construe	ction?		
e. What funding	stream will be u	sed for ongoing ope	erations a	and maintenanc	e of the project?

11. 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.

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		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Lead second teacher \$60,000; Second assistant teacher \$40,000; Job Coach \$55,000; Restaurant/ Culinary Instructor \$38,000. Office administrative \$20,000	213,000
Expense/Equipment/Travel/Supplies/ Other	Second classroom modifications \$15,000; Marketing Materials - social media & brochures \$8,000; Curriculum development - Learning materials \$8,000; Website - \$5,000; Program Supplies - \$12,000; Technology, copy machine, computers \$15,000; Transportation for Job Training Trips off site \$4,000.	67,000
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)	280,000

13. Program Performance

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



Hands on training in our existing Friendship Grill Restaurant, job coaches and employment assistance for those participating in the program. The Friendship Circle Grill is located in the heart of Downtown Ft. Lauderdale and allows us to connect with the community and local businesses in the area. Our purpose is to instill self sufficiency, skills, confidence, independence, and gainful employment.

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

Life skills and job training program, regular trips to potential employers, generalization of skills in various job environments. Skills training consists of food preparation and proper use of equipment, inventory, stocking shelves, greeting customers, taking orders, cash register operation, financial literacy, etc.

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

Opportunities for participants to become skilled and receive continued support and training. Strategic partnerships with community members and employers in restaurants, retail, and catering. Promotion of inclusive efforts to hire participants in local and community businesses. Helping participants to become confident, independent, employed and productive.

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

Individuals with autism and other developmental and intellectual disabilities. We can service up to 50 developmentally disabled individuals with over 75 volunteers.

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

be measured?

Training and job opportunities, supportive employment placements, and on-campus Friendship Grill experience. Our participants are trained to have the skills necessary to be successful and productive members in both their home and community. We provide support and resources for them to be able to succeed. We track skill development over multiple jobs and environments.

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?

Notification with opportunity to cure.

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?

- □ Yes, Applied
- Yes, Received
- □ No
- □ No, but intends to apply
- a. If yes, provide the FEMA project worksheet ID#:



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

16. Has the entity applied for or received state assistance for this project (other than this request)?

- □ Yes, Applied
- □ Yes, Received
- 🗆 No
- □ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name	Rabbi Chaim	Last Name	Slavaticki
b. Organization	Las Olas Chabad Jewish	Center	
c. E-mail Address	Rabbi@JewishFL.org		
d. Phone Number	(954)225-4412	Ext.	

18. Recipient Contact Information

a. Organization	Las Olas Chabad Jewish Center

b. Municipality and County Broward

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	Chaya	Last Name	Shanowitz
e. E-mail Address	Director@FriendshipFL.or	g	
f. Phone Number	(954)225-4290	Ext.	

19. Lobbyist Contact Information



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a. Name	Susan K Goldstein
b. Firm Name	The Legis Group
c. E-mail Address	susan@legisgroupfl.com
d. Phone Number	(954)830-6300

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