

LFIR # 2010

1. Project Title	Club Challenge/0	Challenge Enterprise	es of North Florida, I	nc.		
2. Senate Sponsor	Jennifer Bradley					
3. Date of Request	2/9/2025					
4. Project/Program Do	escription					
Club Challenge is to in limbo and sufferin isolated from the corpersons with Disabito the community by	provide transitional of from a lack of sup mmunity because th lities; employed indi offering a program offering training	support to adults we portive services. They are: unfunded; oviduals; senior citize where Club membes social skills training	ith intellectual and de lese adults with intell in the waitlist for the ens; and retirees. Cluers can gain and main in transportation train	evelopmental disabi ectual and developr Budget waiver throu b Challenge providentain meaningful life ing, financial literac	es an essential service	
5. State Agency to rec	ceive requested fu	nds Agency fo	or Persons with Disal	oilities		
State Agency conta	•					
6. Amount of the Non		for Fiscal Year 202	25-2026			
Type of Funding			Amo			
Operating				300,000		
Fixed Capital Outlay			0			
Total State Funds I	Requested		300,000			
7. Total Project Cost f	or Fiscal Year 202	5-2026 (including r	natching funds ava		ect)	
Type of Funding			Amount	Percentage		
Total State Funds R	equested (from que	stion #6)	300,000	100%		
Matching Funds			_			
Federal			0	0%		
State (excluding the	amount of this requ	iest)	0	0%		
Local			0	0%		
Other			0	0%		
Total Project Costs	s for Fiscal Year 20	25-2026	300,000	100%		
8. Has this project pro If yes, provide the	•	_	Yes			
Fiscal Year	Amo	ount	Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
2024-25	0	275,000	246A	No		
9. Is future-year fundi	ing likely to be req	uested?	Yes			
a. If yes, indicate n	onrecurring amou	nt per year.	300,000			
b. Describe the sou	uree of funding the		of ototo firmalina			
	arce or runding the	it can be used in il	eu of state funding.			
none	urce or runding the	it can be used in il	eu of State funding.			



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the cu		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 construc	ction?	
e. What funding	stream will be u	sed for ongoing ope	erations and maint	tenance of the project?
1. List the owners relationship be	s of the facility to	o receive, directly or rs of the facility and	indirectly, any fix the entity.	xed capital outlay funding. Include th
		,	,	

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Manager salary and benefits	78,050
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Direct care wages and benefits for 2 full time Activity Leaders, 1 part time Activity Leader, and 1 full time Activity Assistant; staff have successfully been screened through the Florida Clearinghouse. Staff have completed and will adhere to APD training requirements for their assigned duties and person centered planning.	196,369
Expense/Equipment/Travel/Supplies/ Other	Expenses will include utilities for the Club, equipment upgrades, additional technology and software for the visually and hearing impaired, educational and enrichment needs, expendable supplies for the facility and business supplies for the operations.	25,581
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)	300,000

13. Program Performance

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



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Club Challenge supports the intellectually and developmentally disabled in the community who have unmet needs due to lack of funding and supportive services. Club Challenge is the bridge for this vulnerable population who desire to feel valued by their community and to participate in meaningful life activities that satisfy their personal goals such as: expand their interests and abilities, engage in volunteer service, learn about taking care of themselves, and explore the possibility of work.

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

The Club members and their families receive education, guidance, support, training, and peer mentor-ship. The Club members will have multiple opportunities to choose formal and informal activities that include: healthy living sessions, financial literacy, advocacy training and group meetings, recreational events, arts and culture programs, volunteer service at local nonprofits to gain job skills, preemployment training sessions, job searching and referral services to Vocational Rehabilitation for Job Placement and On-the-Job training, and transportation training to access local public transportation as well as alternatives. Members and staff decide on regular scheduled activities posted on a calendar and shared on the Club Challenge Facebook page for members to select activities and training sessions.

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

The trained Activity Leaders and Assistants will work directly with the adult's providing supervision, education, guidance, support, and training. The direct care staff will work directly with the adults to design personalized plans that will meet their personal goals and review quarterly. The staff will also introduce new activities to enrich the lives of the members. Staff will encourage Club members to participate in sessions that enhance and improve their hard skills and soft skills, to learn about money management, to participate in informal activities developing social skills, escorting the individuals (small groups) to nonprofits for volunteer service hours and job skill development while gaining stamina, transportation training to use the new limited commuter service, and learning to advocate for themselves. The services are available Monday through Friday and there are two evening events each month that include family members and friends.

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

The target population is unfunded adults with intellectual and developmental disabilities in the North Florida area of Clay and Duval County. Membership is expected to exceed forty enrolled members monthly with at least twenty-five members engaged in activities each month.

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

- 1.100% of members who receive training about their rights and how to report abuse, neglect, and exploitation.
- 2. 85% of Club Challenge applicants who enroll in the Club Challenge Program shall complete a least (1) personal interest goal identified on their IIP.
- 3. 85% of program members with a recreational goal on their IIP shall engage in community recreational activities through participation in off-site recreational activities.
- 4. 80% of program members with an advocacy goal on their IIP shall attend Advocacy Group Activities.
- 5. 85% of program members with a social goal on their IIP shall demonstrate an increased awareness and knowledge of social skills and inclusion through participation in monthly friends and family events.
- 6. 85% of Club Challenge Program members with an employment goal on their IIP shall attend at least (1) employment training session with a variety of employment related topics. Club Challenge will offer members training on public transportation.
- 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?

If Club Challenge falls below the minimum requirements as established in the APD Objectives and Anticipated Results as the program enters the fourth quarter of this year, then a probationary period of six months will be established effective the first day of the new funding year. During this probationary period, Club Challenge must increase its results by 30% to continue the program. If 80% of deliverables are not met after the completion of the probationary period, then a per capital arrangement will be established between Challenge Enterprises and APD effective the first day of the third quarter funded year until the minimum percentage is achieved and reported to APD monitoring personnel.

- 14. Is this project related to mitigation, response, or recovery from a natural disaster? No
 - a. If Yes, what phase best describes the project?



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	Mitigation (red	ucing or eli	minating potenti	al loss of life	or property)			
	Response (ad	dressing th	e immediate and	d short-term e	effects of a nat	ural disaster)	
	Recovery (ass	isting comr	nunities return to	o normal ope	rations, includi	ing rebuilding	g damaged ir	nfastructure)
b.	Name of the natu	ural disast	er (or Executive	e Order # for	events not u	nder a fedei	ral declaration	on):
15. H	as the entity app	lied for or	received feder	al assistance	e for this proj	ect?		
	Yes, Applied							
	Yes, Received							
	l No							
	No, but intends t	o apply						
a. l	If yes, provide th	e FEMA pı	oject workshe	et ID#:				
b.	Provide the total	project co	st listed on the	FEMA proje	ect workshee	t:		
16. H	as the entity app	lied for or	received state	assistance f	or this projec	t (other tha	n this reque	st)?
	Yes, Applied							
	Yes, Received							
	l No							
	No, but intends t	o apply						
a. I Co	If yes, specify th mmerce):	e program	and state ager	ncy (ex. Loca	ıl Governmen	t Emergenc	y Bridge Lo	an, Department of
	_							
	equester Contac First Name	Katherine		Last Name	Vinovard]	
	Organization]	
	E-mail Address							
	Phone Number		<u> </u>	Ext.				
		, ,					_	
18. Re	ecipient Contact	Informatio	n					
a.	Organization	Challenge	Enterprises of	North Florida	Inc.	7		
b.	Municipality and	d County	Clay					



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c. Organization Ty	pe					
□For Profit Entity	□For Profit Entity					
☑Non Profit 501(c	☑Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity	□Local Entity					
□University or Co	llege					
□Other (please specify)						
d. First Name	Katherine	Last Name	Vineyard			
e. E-mail Address	Katiev@challengeenterprises.org					
f. Phone Number	(904)284-9859	Ext.				
19. Lobbyist Contact Information						
a. Name	None					
b. Firm Name						
c. E-mail Address						
d. Phone Number						

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