



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1786

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

To provide supports to 150 individuals with intellectual and developmental disabilities on an APD Pre-Enrollment list in order to allow them to obtain competitive employment. Specific services will include Pre-Vocational services and work experiences provided by Micro Social Enterprises.

5. **State Agency to receive requested funds**

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	62%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	300,000	38%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>800,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

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

Extensive community resources are currently deployed to support employment services for individuals with intellectual and developmental disabilities. The requested funding would allow for additional services to individuals without the ability to obtain services.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

\$4.5 million PPP loan used to maintain payroll for office/supervisory staff and the individuals with disabilities that work at our centers.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. 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.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Partial salaries for 7 staff that will provide services.	225,000
Expense/Equipment/Travel/Supplies/Other	Equipment and training supplies for program participants.	275,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

### 14. Program Performance

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

Achieve competitive employment at prevailing wages in the community for individuals with intellectual and developmental disabilities who need services in order to achieve their career goals.

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

Pre-vocational training and work experience, including paid internships.



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

Pre-vocational training and work experience including paid internships.

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

Individuals with intellectual and developmental disabilities who are on a pre-enrollment list for the APD iBudget waiver.

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

Competitive employment for individuals served by the project. Will track employment outcomes and earnings of program participants.

**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 the contract?**

Corrective action plan with graduated sanctions up to and including contract termination and withholding of payment.

**15. Requester Contact Information**

a. First Name  Last Name   
 b. Organization   
 c. E-mail Address   
 d. Phone Number  Ext.

**16. Recipient Contact Information**

a. Organization   
 b. Municipality and County

**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  Last Name   
 e. E-mail Address   
 f. Phone Number

**17. Lobbyist Contact Information**

a. Name   
 b. Firm Name



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c. E-mail Address

d. Phone Number