



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3460

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Miami Learning Experience School (MLE) is a not-for-profit Florida corporation 501 (c) (3) with over 45 years of service to Florida’s special needs children, young adults, and their families. MLE seeks an appropriation of \$790,636 to assist the school in providing a job readiness program to adults after their 22nd birthday. This is the second year we are requesting funds for this project. Due to the success of the project, we have seen a growth spurt and interest in the community has grown. The program provides job readiness, job coaching and job skills in our MLE works program. Additionally, adults will be exposed to the arts and social activities.

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	790,636
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>790,636</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)	790,636	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>790,636</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	670,330	240A	No

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.

In Lieu of state funding, parents/caregivers of individuals will need to pay for these services out of pocket.

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



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Yes

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

The school received first round PPP funding of \$328,200 and the funds were used to keep employees on the payroll while remote work was being accomplished.

## 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)?

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	The project Head is calculated at 100% and the Executive Director is calculated at 30% of salary. Benefits are calculated at 22% of salary.	168,112
Other Salary and Benefits	Other administrative salaries included are Director of Finance and Registrar. These positions are allocated at 30% of total salary and 22% for employee benefits.	49,650
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries cover 4 instructors; 2 job coaches; 1 social worker and 1 paraprofessional all at 100% allocation to the program. There is one art teacher and one music teacher allocated at 10% and one Physical Education Instructor allocated at 50% of time. There are a total of 8.7 FTE's. Benefits are calculated at 22% of salary.	451,974
Expense/Equipment/Travel/Supplies/Other	Expenses and occupancy (Utilities) are allocated by space usage and a rental for additional space for the work group. Additional items cover consumable items used by the participants.	120,900
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>790,636</b>



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**14. Program Performance**

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

The purpose of the funds requested is to provide a job training program to meet the needs of individuals with developmental delays.

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

The activities included are: Daily Living Skills; Job Coaching; Career Inventories; Social Activities and potential job placement.

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

Individuals will be provided the opportunity to take classes that will enhance their ability to secure a job. They will participate in volunteer job opportunities that will give them exposure to a variety of job opportunities. They will learn Daily Living Skills to assist them with personal skills. They will also receive job training for as long as is necessary to seek, learn and retain a job of their choosing.

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

The target population for the project are individuals no longer in high school who have developmental delays that leave them with low to moderate cognitive abilities. The program is expected to serve 60 individuals.

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

The outcome of this project is to improve the work skills of each individual. The primary outcome for all individuals is job and daily living readiness.

**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?**

Miami Learning Experience will return any unused money to the State of Florida.

**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)



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- 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**

**c. E-mail Address**

**d. Phone Number**