



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Adults with Disabilities Funding for Monroe Assoc for ReMARCable

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 10/25/2017

4. **Project/Program Description:**

Adults with Disabilities funding for Employment related services

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Agency for Persons with Disabilities

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|---|---------------------------------------|
| 100,000                         |   | 100,000                               |

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

| Type   | Amount | Percent |
|--|--------|---------|
| Federal                                      | 0      | 0.0%    |
| State (excluding the amount of this request) | 0      | 0.0%    |
| Local  | 0      | 0.0%    |
| Other  | 0      | 0.0%    |
| TOTAL  | 0      | 0.0 %   |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 100,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

|            |  |
|------------|--|
| <b>FY:</b> | <b>Input Prior FY Appropriation for this project<br/>for FY <u>2017-18</u></b> |
|------------|--|



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|                           |  |  |   |
|---------------------------|--|--|---|
|                           | (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) |  |   |
| <b>Column:</b>            | <b>A</b>   | <b>B</b>                                   | <b>C</b>  |
| <b>Funds Description:</b> | <b>Prior Year<br/>Recurring Funds *</b>  | <b>Prior Year<br/>Nonrecurring Funds *</b> | <b>Total Funds Appropriated<br/>(Column A + Column B)</b> |
| <b>Input Amounts:</b>     |  | <b>100,000</b>                             | <b>100,000</b>  |

### 10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$100,000

### 11. Program Performance:

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

To provide vocational and employment services to individuals with intellectual, mental and physical disabilities.

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

Job training and skills acquisition in food preparation, hospitality, horticulture, landscape maintenance and retail.

c. How will the funds be expended?

| Spending Category  | Description | Amount |
|--|-------------|--------|
| Administrative Costs   |             |        |
| <input type="checkbox"/> Executive Director/Project Head Salary and Benefits |             |        |
| <input type="checkbox"/> Other Salary and Benefits                           |             |        |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other             |             |        |
| <input type="checkbox"/> Consultants/Contracted Services/Study               |             |        |
| Operational Costs  |             |        |



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|  |  |         |
|--|--|---------|
| <input checked="" type="checkbox"/> Salary and Benefits                    | 2 Vocational Trainers, 1 Supported Employment Specialist | 100,000 |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other           |  |         |
| <input type="checkbox"/> Consultants/Contracted Services/Study             |  |         |
| Fixed Capital Construction/Major Renovation                                |  |         |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering |  |         |
| TOTAL  |  | 100,000 |

**d. What are the direct services to be provided to citizens by the appropriations project?**

Job Training, Job Coaching, Resume Writing, Job Acquisition and Job Retention

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

Sixty five adults with intellectual, mental and physical disabilities

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

Number of individuals obtaining competitive employment; number of individuals achieving benchmarks leading to supported employment and retention rate for individuals placed in competitive jobs.

**g. 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?**

Failure to provide vocational training or supported employment services to a specified number of eligible clients each month will result in a financial penalty of 0.25% of the total contract amount per each client not provided services.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

No

**13. Requestor Contact Information:**

- a. **Name:** Diana Flenard
- b. **Organization:** Monroe Association for ReMARCable Citizens dba MARC
- c. **Email:** Boomdi1@aol.com
- d. **Phone Number:** (305)304-5943

**14. Recipient Contact Information:**



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

**a. Organization:** Monroe Association for ReMARCable Citizens dba MARC

**b. County:** Monroe

**c. Organization Type:**

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Diana Flenard

**e. E-mail Address:** Boomdi1@aol.com

**f. Phone Number:** (305)304-5943

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**