



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Easterseals Life, Employment and Community Skills (LEC) Program

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 11/08/2017

4. **Project/Program Description:**

The Life, Employment and Community Skills (LEC) Program will provide education and training to individuals with disabilities and special needs. The Program goal is to teach students the skills necessary to live and work independently. The LEC program is anticipated to serve at least 68 students. An annual Individualized Program Plan (IPP) will be developed with each student enrolled. Each students' IPP will establish a minimum of three measurable goals, one in each skill area.

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
52,500		52,500

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):** 52,500

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) 1

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



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

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		50,000	50,000

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

Yes

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

\$52,500

11. Program Performance:

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

The LEC Program goal is to teach our students the skills necessary to live and work independently.

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

Students will acquire new knowledge, skills and confidence necessary for independent living, in areas of LIFE: daily living, literacy, money management, health and safety, nutrition, etc.; EMPLOYMENT: basis pre-employment skills, resume writing, interview skills, career exploration and planning, computer skills, etc.; COMMUNITY: job fairs, volunteering for career growth, using public transportation, developing grocery shopping skills, social skills in live settings, etc.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	6% Center Director - Supervision of teachers and quality assurance of program	3,539
<input type="checkbox"/> Other Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Teacher and Substitutes	36,645
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office and program supplies, equipment, learning materials, occupancy space, utilities, preventative maintenance, fire safety system, janitorial, field trip transportation fees and expenses	12,316
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		52,500

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

Multi-sensory teaching materials, technology and functional curriculum will be utilized by an experienced, exceptional education teacher to provide instruction in an age-appropriate classroom setting with five (5) 45-minute classes per day, five days per week, as well as in community-based environments. Students may participate in one to five classes a week depending on their scheduled program days and class availability.

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

Adults 18 years and older with developmental disabilities (e.g. autism, cerebral palsy and intellectual disabilities), special needs and other physical and mental disabilities such as traumatic brain disorder.

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

Life Skills - Students will acquire new knowledge, skills and confidence necessary for independent living. Employment-readiness Skills- Students will acquire new knowledge, skills and confidence necessary for entering or re-entering the workforce. Community Skills - Students will acquire new knowledge, skills and confidence necessary to increase their integration, inclusion and participation within their communities. Measuring tools will include task analysis data, work samples, written tests, oral performance, teacher-made



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tests, observation, surveys, computer software, iPads activities/applications/assessments and role play.
Ongoing data collection and quarterly reports will capture goals achieved.

- 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?**

If the provider fails to provide Life Skills Activities, Employment- Readiness Activities or Community Skills Activities for a minimum of 20 participants each, during the monthly reporting period, the provider's monthly invoice payment shall be reduced by one quarter of one percent (0.25%) per instance (participant).

- 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.**

None

- 13. Requestor Contact Information:**

- a. Name:** Suzanne Capoirna, VP
- b. Organization:** Easter Seals of Florida, Inc
- c. Email:** scaporina@fl.easterseals.com
- d. Phone Number:** (407)629-7881 Ext. 11114

- 14. Recipient Contact Information:**

- a. Organization:** Easter Seals of Florida, Inc
- b. County:** Brevard
- 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:** Suzanne Capoirna, VP
- e. E-mail Address:** scaporina@fl.easterseals.com
- f. Phone Number:** (407)629-7881 Ext. 11114

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

- a. Name:** Bob Aztalos
- b. Firm:** Astalos & Associates, LLC
- c. Email:** aaasocciates@comcast.net
- d. Phone Number:** (850)284-1166