



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** ADE-Culinary Training Services & Senior Services for Persons with Developmental Disabilities

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

To provide Employment Skills in Culinary Services and Geriatric Programming to Seniors with Dev. Disabilities.

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
400,000		400,000

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

Type	Amount	Percent
Federal	500,226	16.3%
State (excluding the amount of this request)	1,985,806	64.7%
Local	62,685	2.0%
Other	120,051	3.9%
TOTAL	2,668,768	86.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,068,768

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.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(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:		300,000	300,000

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

Yes

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

\$300,000 per year for 5 years

11. Program Performance:

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

To provide Employment Skills in Culinary Services and Geriatric Programming to Seniors with Dev. Disabilities.

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

Training Services & Senior Services for Persons with Developmental Disabilities

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	CEO, COO, Fiscal Director, Program Manager	22,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Educational Staff (2), Chef Instructor (3), Direct Care (3), Geriatric Services (1), Physical	222,955



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	Trainer (1)	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Operational costs, Educational Supplies, Equipment, Office Expense, Utilities, Insurance, Maintenance, and Misc. Expenses	155,045
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

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

Vocational Skills/Employment Training to Adults with Developmental Disabilities in the area of Culinary Services, and Geriatric Services to the same population 55 and older.

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

Adults with Intellectual/Developmental/Physical Disabilities

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

To prepare our special population in a field that will create a path towards economic self-sufficiency and to provide geriatric services to aging seniors with developmental disabilities who no longer have the ability to join the workforce, but still need a meaningful and stimulating day activity. ADE will be monitoring the progress via assessment data taken 3 times a week, a monthly summary, as well as developing yearly goals in an Individual Program Plan.

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?

A percentage of the total award should be withheld in the event the deliverables are not met.

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.

Not Applicable

13. Requestor Contact Information:

a. Name: Helena Del Monte

b. Organization: The Association for Development of the Exceptional, Inc.



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- c. **Email:** hdelmonte@ademiami.org
- d. **Phone Number:** (305)505-3238

14. Recipient Contact Information:

- a. **Organization:** The Association for Development of the Exceptional, Inc.
- b. **County:** Miami-Dade
- 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:** Helena Del Monte
- e. **E-mail Address:** hdelmonte@ademiami.org
- f. **Phone Number:** (305)505-3238

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

- a. **Name:** Susan Goldstein
- b. **Firm:** Susan Goldstein Consultant, Inc.
- c. **Email:** skgoldstein@hotmail.com
- d. **Phone Number:** (954)830-6300