



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Vocational Training & Education for Adults with Disabilities for Sarasota & Manatee Counties

2. **Senate Sponsor:** Greg Steube

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

4. **Project/Program Description:**

To simulate a variety of job environments in a safe and controlled environment that allows people with disabilities an opportunity to learn job tasks and encounter distractions prior to being placed in the job. The vocational rehabilitation assessments and training can be utilized pre-field and act as continuing education throughout the duration of a career. This will help secure and maintain employment building long-term career success.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
160,000	150,000	310,000

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):** 310,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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?



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	A	B	C
	(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:			

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

No

11. Program Performance:

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

Provide work and life skills assessments and training to adults with disabilities to secure and maintain employment.

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

Assessments and training in a variety of jobs will be provided including mock interviews.

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Motion tracking system, cameras, projectors, curved screen, processing power, software licenses, virtual reality software and a variety of props used in simulation, lease space	210,000



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Hire technical, training and scheduling staff to manage the assessment and training center and lab.	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		310,000

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

The assessment and training will assist a population that has barriers to employment effectively prepare to get a job as well as maintain one through initial simulations and ongoing access to continuing educational training.

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

Persons with disabilities and barriers to employment. The training would be open to all Vocational Rehabilitation vendors in our area including but not limited to The Haven, Loveland and UPC.

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

Provide work and life skills assessments and training to adults with disabilities to secure and maintain employment. The number of enrolled participants and their progress against benchmarks would be tracked.

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 project doesn't meet the objectives or a corrective action plan, the project will be subject to termination and if applicable, liquidated damages.

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.

Easters Seals Southwest Florida, Inc.

13. Requestor Contact Information:

a. Name: Jannon Pierce



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- b. **Organization:** Easter Seals Southwest Florida
- c. **Email:** jpierce@easterseals-swfl.org
- d. **Phone Number:** (941)355-7637

14. Recipient Contact Information:

- a. **Organization:** Easter Seals Southwest Florida
- b. **County:** Manatee
- 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:** Jannon Pierce
- e. **E-mail Address:** jpierce@easterseals-swfl.org
- f. **Phone Number:** (941)355-7637

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

- a. **Name:** Trevor Mask
- b. **Firm:** Colodny Fass
- c. **Email:** tmask@colodnyfass.com
- d. **Phone Number:** (850)577-0398