1. **Title of Project:** Florida Goodwill Association

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**
   The funding request by the Florida Goodwill Association (FGA) is for job training organizations who qualify under s. 288.1097, F.S. The funds must be used solely for capital construction, improvement, or equipment that will result in expanded employment opportunities. The FGA guarantees that at least 150 new full time positions/jobs will be created by this State funding when combined with a required minimum FGA match of 4 to 1.

5. **State Agency Contacted?** Yes
   a. If yes, which state agency? Department of Economic Opportunity
   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:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500,000</td>
<td>1,500,000</td>
<td>3,000,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>6,000,000</td>
<td>80.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,000,000</td>
<td>80.0 %</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 7,500,000

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) 4
   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.
## Input Prior FY Appropriation for this project for FY 2017-18

(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)

<table>
<thead>
<tr>
<th>Column:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td></td>
<td>500,000</td>
<td>500,000</td>
</tr>
</tbody>
</table>

### 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?**
   
   The creation of at least 150 new jobs for persons with barriers to employment.

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

   The creation of at least 150 new jobs for persons with barriers to employment.

c. **How will the funds be expended?**

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?

Goodwill provides employment services and life skill training for all who ask. Services include employment training, job placement, job coaching, supported employment, apprenticeships, life skills training, computer skill training, vocational evaluations, case management, brain injury rehabilitation, deaf services as well as social security benefit planning and helping people transfer from welfare to work.

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

Goodwills across the state serve populations including: elderly, developmentally disabled, homeless, physically disabled, current or formerly incarcerated persons, jobless persons, veterans, at-risk youth, students, economically disadvantaged and others.

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

The Florida Goodwill Association (FGA) is comprised of nine autonomous Goodwill Agencies, each serving the people of a multi-county region. The FGA advocates for services to meet the needs of people with barriers to employment while concurrently strengthening families and communities. We strive to enhance the dignity and quality of life of individuals by helping people reach their full potential through education, skills training and the power of work. The funds will be used for construction to create jobs and provide space where services can be provided for the community.

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?

Loss of Funds.

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.

Florida Goodwill Association.

13. Requestor Contact Information:

a. Name: Jeremy Miller
b. Organization: Florida Goodwill Association
c. Email: jeremy.miller@gimi.org
d. Phone Number: (941)747-3027

14. Recipient Contact Information:
a. Organization: Florida Goodwill Association
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: Jeremy Miller
e. E-mail Address: jeremy.miller@gimi.org
f. Phone Number: (941)747-3027

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Michelle McKay
   b. Firm: TB Consultants Inc.
   c. Email: michelle@tbconsultants.net
   d. Phone Number: (941)750-0110