



# The Florida Senate

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

1. **Title of Project:** Our Pride Academy - OPA Works

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

Our program is designed to create and formulate a long term work experience training program for individuals with autism and other developmental and intellectual disabilities in an educational setting. Our objective is to enhance transition planning and career development for these individuals. Some of the innovative features of our programs include: customized employment opportunities, work experiences, and transition planning for each student, driven by student's interests, support needs, strengths, and contributions rather than by generic job descriptions and available openings; entrepreneurial options or self-employment as post-school outcomes or career-experience options for students, in addition to traditional wage employment; linking employment vendors to the school to promote collaborative funding of employment and transitional activities.

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?

Agency for Persons with Disabilities

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
1,200,000		1,200,000

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):** 1,200,000

9. **Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? Yes
- In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
- What is the most recent fiscal year the project was funded? 2016-17
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

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

Yes

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

\$ 1,200,000.00

### 11. Program Performance:

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

To create customized employment opportunities, work experiences, and transition planning for each student, driven by student's interests, support needs, strengths, and contributions rather than by generic job descriptions and available openings. Customized implies flexibility and creativity enabling support staff to modify parameters and desired outcomes as the student's interests and skills evolve. Create entrepreneurial options or self-employment as post-school outcomes or career-experience options for students, in addition to traditional wage employment. And last, but not least, link employment vendors to the school to promote collaborative funding of employment and transitional activities.

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

To create a training program that focuses on the development of the general competencies required for work in an office setting, competitive employment, or an in the child care industry. Procure contract work that would involve work for private businesses under contract for a price. The work will be utilized as a tool for on-the-job training. Activities may involve sorting, collating, counting, assembling and packaging products. These training programs consist of a minimum of 15 hours per week for 11 months with an established curriculum and job descriptions and skills necessary to get the job done. An additional 15 hours per week for 11 months will be dedicated to teaching skills and competencies in math, reading, writing and life skills.



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

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Director will oversee and train individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model. Medical, dental, life, and disability benefits.	69,800
<input checked="" type="checkbox"/> Other Salary and Benefits	CEO 30% admin., 12 managers that will train individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model. Indirect costs (10% for operating administrative overhead). Medical, dental, life, and disability benefits.	652,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Budget consultant, accounting services, audit services, attorney services	150,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Bookkeeper 30% program, community/event coordinator 30%, building maintenance 20% program.	176,118
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Purchase of Ford pickup for	38,254



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	delivery of laundry bins and linens.	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Marketing and product labeling consultant, web designer.	113,828
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,200,000

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

85% of the clients will demonstrate an increased awareness and knowledge of general competencies required for work during the term of the contract. (September through July 31, 2018) 25% of the clients completing the program shall be competitively employed or self-employed within 6 months of completing the program, during the term of the contract. We currently are servicing 60 clients. From September to January, we have placed 3 individuals in competitive employment in Publix, have hired one of the child care trainees as a classroom assistant, and will begin to pay 10 other clients by the end of the 6 month mark. We expect an additional 10 paid employees within 6 months of the term of the contract.

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

This program makes possible the employment of individuals with disabilities that have been largely excluded from the employment market. We expect to serve from 51-100 individuals with developmental and intellectual disabilities through this program.

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

By using the Performance Review from each individual client we can assess the effectiveness of their performance. This review is done on a monthly basis. The objectives are as follows: Job Knowledge, Work Quality, Attendance/Punctuality, Initiative, Communication/Listening Skills, and dependability. The ratings are as follows: progressing, needs work, satisfactory, good, and exceptional.

**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?**

The agency's standard contract penalties are sufficient.

**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.**

N/A



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### 13. Requestor Contact Information:

- a. **Name:** Cristina Cartaya
- b. **Organization:** Our Pride Academy, Inc.
- c. **Email:** ccartaya@ourprideacademy.org
- d. **Phone Number:** (305)271-2678

### 14. Recipient Contact Information:

- a. **Organization:** Our Pride Academy, Inc.
- b. **County:** Statewide
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☒ Other (Please specify) School and adult training center for individuals with developmental and intellectual disabilities.
- d. **Contact Name:** Cristina Cartaya
- e. **E-mail Address:** ccartaya@ourprideacademy.org
- f. **Phone Number:** (305)271-2678

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

- a. **Name:** Alex Villalobos
- b. **Firm:** Florida Legislative Research, LLC
- c. **Email:** avillalobos@meyerbrookslaw.com
- d. **Phone Number:** (786)564-1104