



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1856

1. **Project Title** Project Life Town Workforce Training - Leon

2. **Senate Sponsor** Bill Montford

3. **Date of Request** 12/04/2019

4. **Project/Program Description**

Progressive Pediatric Foundation, Inc., a not-for-profit 501(c)(3) located in Tallahassee, FL (Leon County), is requesting \$750,000 from the Legislature to renovate an existing structure for workforce training activities. The facility will provide specific workforce training; job/life skills; physical therapy; speech therapy; occupational therapy; music therapy; and art and educational opportunities to children and young adults with disabilities so they may become immediately employable and live independently. The target population for the facility will be located within a 150 mile radius of Tallahassee (Leon County).
The facility will also be open to state college and university students for workforce training/degree credits.

5. **State Agency to receive requested funds** Department of Economic Opportunity

State Agency contacted? ☒ Yes ☐ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	750,000
Total State Funds Requested	750,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	750,000	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	100% of the funding will be used to renovate an existing structure.	750,000
Total State Funds Requested (must equal total from question #6)		750,000



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11. Program Performance

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

To provide specific workforce training; job/life skills; physical therapy; speech therapy; occupational therapy; music therapy; and art and educational opportunities to children and young adults with disabilities to become immediately employable and live independently.

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

Workforce training, occupational therapy, physical therapy, speech therapy, music therapy, art, and education. The workforce training will provide job employment training of soft skills and technical skills for people with disabilities.

- c. What direct services will be provided to citizens by the appropriation project?

Workforce training, occupational therapy, physical therapy, speech therapy, music therapy, art, and education. The workforce training will provide job employment training of soft skills and technical skills for people with disabilities. The facility will also be open to state college and university students for workforce training/degree credits.

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

Children and young adults who are physically and / or mentally disabled. The facility will be made available for all children and young adults within a 150 mile radius of Tallahassee (Leon County)

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

Young adults with disabilities such as Autism, Down Syndrome, Cerebral Palsy, etc., will be served. Workforce training will be provided that includes life skills and job placement training activities. The organization will provide: workforce training that includes life skills and job placement training activities; on-campus and off-campus job training with business partners; therapeutic interventions; competence in skilled job related activities; and competence in navigating public transportation. The expected benefit is that the physically and / or mentally disabled child or young adult will obtain and maintain a job and live independently. The outcome will be measured by successful completion of the program.

- f. 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?

Standard penalties are sufficient as set by the state agency.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Progressive Pediatric (requester) will own and operate the facility.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☒ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.