



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2468

1. **Project Title** Casa Familia Village Phase II - Miami-Dade

2. **Senate Sponsor** Anitere Flores

3. **Date of Request** 01/22/2020

4. **Project/Program Description**

Funding would provide for architecture and design specific to individuals with IDD, programs and policies consultant, marketing and feasibility studies, and supportive services development. This would also include capital funds to plan, design, and build the first two of four buildings in the Village of Casa Familia Phase II. This would be a demonstration program for a residential community for adults with intellectual and developmental disabilities who require 24/7 supervision that is co-located in an enriched independent living community. The community will be designed to provide greater autonomy, maximize self-help/independent living skills, and provide opportunities for enhanced connectedness, integration, and self-sufficiency within the community.

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	300,000
Fixed Capital Outlay	550,000
Total State Funds Requested	850,000

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)	850000	26.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	1,478,000	47 %
Other	850,000	27 %
Total Project Costs for Fiscal Year 2020-2021	3,178,000	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		
2019-20	00	300,000	2307A	No

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		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Operational Costs: Other		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study	Architecture and design consultant specific to individuals with IDD, programs and policies consultant, marketing and feasibility studies, supportive services consultant.	300,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Capital funds to plan, design, and build the first two of four buildings in the Village of Casa Familia Phase II.	550,000
Total State Funds Requested (must equal total from question #6)		850,000



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11. Program Performance

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

Establish a "best practice" demonstration program for supervised living serving individuals with intellectual and developmental disabilities (IDD) that addresses individual needs, provides 24/7 supervision, maximizes independence and supports the federal mandates to transition individuals with IDD from facility-based settings to community based settings while providing educational and recreational enrichment, inclusion, and opportunities to enhance connectedness, integration, and self-sufficiency.

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

Establish a "best practice" program for supervised housing serving individuals with IDD, including research and development of programs and services for self-help/daily living skills training, to address the need for increased autonomy, independent living skills, and opportunities for enhanced connectedness, integration, and self-sufficiency within the community.

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

Once complete, this project will provide 24 hour wrap around services to include supervision as needed, daily living skills assistance and training, habilitation services, educational enrichment, on-site recreational activities, and planned activities such as shopping, dining out, going to movies, and other recreational and leisure opportunities to enhance connectedness, integration, and self-sufficiency.

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

Approximately 24 adults with intellectual and developmental disabilities who require 24/7 supervision but who will benefit from living in an environment that maximizes their potential for independence and self-determination.

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

This project will develop best practices strategies to ensure residents are provided with a safe and secure environment and receive the help they need to optimize their self-help/independent living skills. This project will be programmatically designed maximize opportunities for community inclusive activities and improve the quality of life of its residents.

- 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?

Reimbursement of funds to the state.



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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.**

Casa Familia, Inc.

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.