



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1075

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This Project will provide a range of bundled services to help people with disabilities be ready to work with critical skills needed by employers; help them to identify career paths and learn basic financial and other skills to ultimately achieve and sustain economic security and self-sufficiency. The goal of these services is to help individuals obtain and maintain employment, complete career ready post-secondary education and/or increase knowledge of basic financial skills concepts and behaviors. Long-term engagement in services ultimately allows them to earn, keep and grow assets while remaining employed, out of poverty and achieving self-sufficiency.

Arc Broward has a 45 year history of providing high quality education and employment supports to individuals with complex barriers and needs. This occurs through a “bundled” approach to providing short term, post-secondary education leading to career ladder opportunities, workplace supports and/or basic financial literacy education.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
Total State Funds Requested	350,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	35%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	100,000	10%
Local	200,000	20%
Other	350,000	35%
Total Project Costs for Fiscal Year 2023-2024	1,000,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	350,000	26	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

FY 2021: SBA Loan \$2M: used primarily to keep staff employed during applicable period, and to pay some rent; CARES Act funds \$48k used to support PPE in Medicaid Waiver programs

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Allocation of VP/Workforce Services	40,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Allocation of salaries and benefits for program staff: Director, Trainer, Case Manager, Post-secondary Case Manager, Admission Specialist, Employment Specialist, Career Placement Specialist, Program Assistant, Job Developer, Contract Manager, Coor. of Post-Secondary Programs, Office Manager and four Certificate Program Instructors	280,000
Expense/Equipment/Travel/Supplies/Other	% of lease space and associated utilities. Office supplies. Program Supplies.	30,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		350,000



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14. Program Performance

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

Expand access to specialized post-secondary education and/or wrap around employment supports for adults with disabilities.

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

Evidenced based "bundled" approach to providing short term; post-secondary education leading to career opportunities; basic financial skills education; career employment counseling; case management and /or workplace supports to help adults with disabilities obtain and maintain employment, complete career ready post-secondary education and/or increase knowledge of financial stability concepts and behaviors. Long-term engagement in services ultimately allows them to earn, keep and grow assets and live financially secure lives.

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

Short term post-secondary certificate programs; case management supports; basic financial literacy skills education; job/career exploration/counseling and employment development, placement, coaching and follow along.

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

Persons with disabilities; minimum of 100

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

Participants will participate in bundled service offerings and achieve one or more of the following: graduate from a short term post-secondary certificate program, increase financial literacy knowledge, obtain employment and/or increase access in the community.

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 the contract?

Notice with reasonable time to cure.

15. Requester Contact Information

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

16. 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



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University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number