



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1662

- 1. Project Title**
- 2. Senate Sponsor**
- 3. Date of Request**

**4. Project/Program Description**

Adults living with severe and persistent mental illness (SPMI) lack the skills needed to succeed in today's workforce. The goal of the program is to leverage local funding to provide the one-time startup expenses needed to launch a new supported employment program in Manatee County for adult citizens diagnosed with severe and persistent mental illness. State funds will be used to support the personnel and associated expenses needed to recruit up to 30 business employers/partners while training up to 100 Mental Health Clubhouse members with the skills needed to fill these positions.

- 5. State Agency to receive requested funds**
- State Agency contacted?**

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

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

**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	12%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	425,000	14%
Other	2,200,000	74%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,975,000</b>	<b>100%</b>

- 8. Has this project previously received state funding?**

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

- 9. Is future funding likely to be requested?**
- 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?**



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

In FY 2020-2021, the Academy at Glengary received \$114,200 in PPP funding to cover payroll costs from April–June 2020, with 100% of the loan amount forgiven. An additional \$20,048 in Sarasota County CARES funds were used to purchase of PPE, for weekly fogging (sanitation) services and Plexiglas dividers in the Arts, Communications, reception and common training areas.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Full-time Employment Director salary and benefits	85,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	(2) Full-time Employment Specialists, salary and benefits \$65,000/each	130,000
Expense/Equipment/Travel/Supplies/Other	(1) minivan \$45,000 for transportation of clients to job sites; (1) sedan \$35,000 for transportation of clients to job sites; Fuel and insurance: \$15,000	95,000
Consultants/Contracted Services/Study	Clubhouse international Training (Comprehensive and Employment track)	40,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>350,000</b>

### 14. Program Performance

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



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Adults living with severe and persistent mental illness (SPMI) lack the employment skills needed to succeed in today's workforce and achieve financial independence. This program will launch a new supported employment program in Manatee County to recruit up to 30 business employers/partners while training up to 100 Mental Health Clubhouse members with the skills needed to meet employer demand and fill available positions.

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

Clients of the Academy at Glengary's Manatee campus will be provided with hands-on skills training in areas such as technology, arts & graphics, videography, culinary & hospitality, customer service, and more to match to employer needs. Local businesses will be educated and recruited to provide employment to Academy-trained members.

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

Vocational skills training will be provided to citizens identified as chronically unemployed, economically disadvantaged and diagnosed with serious mental illnesses, including proficiency in food preparation, sanitation, nutrition, customer service, and operating point-of-sales systems and commercial equipment from food slicers to ovens.

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

Up to 100 Clubhouse members will be equipped with the skills needed to acquire employment in Manatee County. Customized, vocational training services will be provided as part of the Academy's accredited Mental Health Clubhouse program.

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

Success factors include completion of technical vocational training, acquisition of industry standard certificates in key industries, attainment of employment (Transitional and/or Supported Employment), and job tenure.

**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?**

Unspent funds would be returned to the State of Florida.

**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**