



# The Florida Senate

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

1. **Title of Project:** The WOW Center

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

Educational, community partnerships, internships and training for future workforce success for adults with intellectual and developmental disabilities. These programs are designed to help this population lead meaningful and productive lives, explore their potential, develop a sense of community, and pursue independence and jobs if able.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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
350,000		350,000

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):** 350,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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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	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		250,000	250,000

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

Yes

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

\$350,000

### 11. Program Performance:

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

An internship program where individuals with intellectual and developmental disabilities are able to explore new opportunities in the work field, which could lead to training and employment if able.

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

Education, training and job coaching throughout the internship cycle.

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

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	program development, recruitment and evaluation	15,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	1 Social Service Coordinator, 1	185,000



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	Job Coach Lead; 1 Job Coach and 2 Program Aides	
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	1 Unique Abilities League, 1 Shake-a-Leg, 1 One of A kind Services	150,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		350,000

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

Education, training and job coaching at each independent job site where soft skills will also be taught in tandem with hands-on experiences

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

Persons with poor mental health, persons with physical health, jobless persons, economically disadvantaged persons, homeless, developmentally disabled, and physically disabled.

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

For all individuals with developmental disabilities who participate in the internship program, to be able to learn, experience and execute soft skills and job skills that can lead to employment if able.

**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?**

None.

**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

**13. Requestor Contact Information:**

- a. **Name:** Anay Abraham
- b. **Organization:** The WOW Center
- c. **Email:** anay@wowcentermiami.org
- d. **Phone Number:** (786)422-4676



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**14. Recipient Contact Information:**

**a. Organization:** The WOW Center

**b. County:** Miami-Dade

**c. Organization Type:**

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Anay Abraham

**e. E-mail Address:** anay@wowcentermiami.org

**f. Phone Number:** (786)422-4676

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**