



# The Florida Senate

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

1. **Title of Project:** Adults with Disabilities (AWD) Grant Program - Boca Raton Habilitation Center

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

Adults with Disabilities Funding for Employment Related and Basic Adult Education Services.

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
200,000		200,000

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):** 200,000

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) 2

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.

FY:	<b>Input Prior FY Appropriation for this project for FY <u>2017-18</u></b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>200,000</b>	<b>200,000</b>

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

Yes

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

\$200,000

### 11. Program Performance:

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

A primary purpose is to support individuals with disabilities in enhancing a person's self-help, adaptive, vocational, work preparation and/or social skills through instruction and/or hands-on training. The funds would be used to maintain a professional staff with skill-sets needed to provide services listed above. Without this program the opportunity for people with disabilities to learn life skills and become vocationally/economically independent will not occur.

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

Comprehensive, individually tailored vocational training programs and support services that provide sufficient skills, knowledge and understanding to increase adults with disabilities capability in areas of self-help, adaptive, and social skills.

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

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Funding job coaches, instructors, paraprofessionals, and support staff to provide instruction and/or hands-on training for clients.	200,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

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

Provide an opportunity for people with disabilities to become vocationally and economically independent through instruction and/or hands-on training related to each client's Individual Educational Goals, as well as vocational and work preparation services.

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

Target populations include individuals with intellectual, and/or developmental, and/or mental, and/or physical disabilities, and/or economically disadvantaged persons, and/or jobless persons. 101-200 individuals in the target populations are expected to be served.

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

An expected outcome is improving quality of education, with the following measure: 75% of those served will meet their Individual Educational Goals based on quarterly reporting of progress on goals. Another expected outcome is enhancing specific individual's economic self sufficiency, with the following measure: 50% will receive vocational and work preparation skills based on quarterly measuring of established goals.

**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?**

Implementation of a Corrective Action Plan, termination of Agreement, redistribution of funds, financial penalties of 15% performance-based funding, and/or liquidated damages.



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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: Robert DiRocco
- b. Organization: Habilitation Center for the Handicapped, Inc.
- c. Email: rdirocco@habcenter.org
- d. Phone Number: (561)483-4200 Ext. 113

14. Recipient Contact Information:

- a. Organization: Habilitation Center for the Handicapped, Inc.
- b. County: Palm Beach
- 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: Jonathan Lewandowski
- e. E-mail Address: jlewandowski@habcenter.org
- f. Phone Number: (561)483-4200 Ext. 116

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone Number: