



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Brevard Adults With Disabilities

2. **Senate Sponsor:** Dorothy Hukill

3. **Date of Submission:** 11/22/2017

4. **Project/Program Description:**

Inclusion focused on individuals with disabilities. It addresses work opportunities for the most severely disabled person. Provide an enhanced transition for graduating Exceptional Education students leaving Brevard County schools and our adults in the Adult Day Training program to better guide them into competitive employment. This would be accomplished by working closely with the BLAST (Brevard Learners Achieving Successful Transition) students in the classroom prior to them leaving school providing a smooth transition. Provide post-secondary education by converting three current "classrooms" into work training areas to enhance training that leads to employment, health and safety of Brevard individuals with disabilities.

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
199,714		199,714

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	22,190	10.0%
TOTAL	22,190	10.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 221,904

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) 3



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- 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:	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:		199,714	199,714

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

Yes

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

\$199,714

11. Program Performance:

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

To increase employment skills and increase community integration by person's with Disabilities

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

Specific curriculum on Success At the Work Place will be used to train the many areas of expected behaviors at the workplace. Another specific area is ensuring our clients with Disabilities get to participate in the community as much as possible, whis is accomplished via community trips to local resources (library, Career Source, local employers, etc.)

- 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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	G&A (5%)	9,986



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Work Trainers 1.5 FTE, Employment Counselor 0.5 FTE; Teachers 1.25 FTE (\$130,510 salaries, \$42,739 benefits)	173,249
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Educational Materials and Supplies, curriculum updates, software, facilities	16,479
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		199,714

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

Adults with disabilities will receive classroom instruction, practice work (paid), and community practicums, interships, speakers, and volunteering.

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

Adults with disabilities that need further work training; Current and future individuals in our program who want to work, improve their work skills and become contributing citizens.

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

1-One Hundred individuals will receive a pay check each month (in accordance to DOL rules) 2-At a minimum, Twelve Individuals will increase work productivity each month 3-At a minimum, twelve individuals will increase take home pay each month 4-All transitioning students will be introduced to a minimum five (5) work skills within the first 60 days.

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?

A portion of the contract is currently performance based

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.



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Not For Profit Organization

13. Requestor Contact Information:

- a. **Name:** Amar Patel
- b. **Organization:** Brevard Achivement Center
- c. **Email:** apatel@bacbrevard.com
- d. **Phone Number:** (321)632-8610 Ext. 206

14. Recipient Contact Information:

- a. **Organization:** Brevard Achivement Center
- b. **County:** Brevard
- 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:** Andy Vega
- e. **E-mail Address:** avega@bacbrevard.com
- f. **Phone Number:** (321)632-8610 Ext. 234

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

- a. **Name:** Mike Haridopolos
- b. **Firm:** MJH Consulting
- c. **Email:** mike@mhflorida.com
- d. **Phone Number:** (321)525-1861