



# The Florida Senate

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

1. **Title of Project:** Transition to Community Employment Year Two

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 11/28/2017

4. **Project/Program Description:**

Develop Community Employment Models and Expand Opportunities for Community Engagement in Inclusive Settings for Individuals with Intellectual and Developmental Disabilities, National Best Practices Research, Develop New Employment Models, Establish Business Ventures, Internships and Volunteerism. This request is for year two of a three year demonstration project which has statewide significance for replication in other Florida communities.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Agency for Persons with Disabilities

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
300,000		300,000

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	150,000	33.3%
Other	0	0.0%
TOTAL	150,000	33.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 450,000

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) 1

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.



# The Florida Senate

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

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:		300,000	300,000	

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

Yes

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

300,000 Year Three of Three Year Demonstration Project (Final Year)

**11. Program Performance:**

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

Demonstration project will implement best practices of competitive community employment models resulting from national research accomplished in year one funding that also addresses new federal mandates to transition individuals with developmental disabilities and mental illness from facility based programs to more inclusive employment community settings. Individuals will also be provided enriching educational opportunities to enhance connectedness and integration within the greater community.

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

In year two, the results of year one Best Practices research will result in the development of new and expanded activities and services, community employment, and inclusion. Additional individual employment placements which will result from new business connections and stronger relationship with the Chamber of Commerce, Business and Corporate Leaders, and local public awareness through marketing. Development of new small work sites within the business community, internships at area businesses and government services, development of business plans to establish new business ventures with the goal of employing individuals who require ongoing staff supports during their employment day, volunteerism and other opportunities for social engagement in the broader community.

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

Spending Category	Description	Amount
Administrative Costs		



# The Florida Senate

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

<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Head	64,916
<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	Salary and Benefits	230,419
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Expenses	4,665
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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

Employment Readiness and Training, Job Placement, On the Job Training, Internships, Development of Small Work Group Sites within existing businesses with ongoing staff support, Volunteer Placement and Support, Opportunities for Community Inclusion and Social Engagement

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

Individuals with Developmental Disabilities, a total of 100 individuals will participate in at least one component of the demonstration project

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

Individuals will have more options to transition from facility based employment to community employment, increased wages, greater financial independence, opportunities to experience community inclusion through volunteerism and other social engagement activities

**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?**

Current contract with APD stipulates Corrective Action plans and/or financial consequences will be required for noncompliance with stated goals and deliverables, unacceptable performance or failure to comply with reporting as outlined.



# The Florida Senate

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

**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.**

Not applicable

**13. Requestor Contact Information:**

- a. **Name:** Jim Whittaker
- b. **Organization:** The Arc Jacksonville, Inc
- c. **Email:** jwhittaker@arcjacksonville.org
- d. **Phone Number:** (904)335-0155

**14. Recipient Contact Information:**

- a. **Organization:** The Arc Jacksonville, Inc
- b. **County:** Duval
- 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:** Jim Whittaker
- e. **E-mail Address:** jwhittaker@arcjacksonville.org
- f. **Phone Number:** (904)335-0155

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

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