



# The Florida Senate

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

1. **Title of Project:** Operation G.R.O.W. (Giving Real Opportunities for Work)

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 11/30/2017

4. **Project/Program Description:**

Operation G.R.O.W. - an internship program and job placement program for developmentally disabled adults.

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
275,004		275,004

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	67,050	15.9%
Other	78,448	18.7%
<b>TOTAL</b>	<b>145,498</b>	<b>34.6 %</b>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 420,502

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.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY <b>2017-18</b></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>240,000</b>	<b>240,000</b>

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

Yes

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

250,000

**11. Program Performance:**

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

To continue training Operation G.R.O.W. interns for outside competitive employment.

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

Classroom training and real world internship in host businesses.

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

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	A portion of the Executive Director's salary and benefits are covered in this portion of the funds. Additionally the Program Coordinator's salary and benefits are included in this section.	60,850
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Funding covers various agency contracted services, firewall renewal, agency technology costs for HIPAA compliance, and agency accountant contractor.	27,024
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	This section includes a portion of the Finance Officer, Assistant Finance Officer, and Administrative Assistant salaries and benefits as well as a portion of the Workmen's Comprehensive insurance. Two employment specialists salaries and benefits are included in this section.	95,887
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	This section will provide funding for portions of the facility maintenance, G.R.O.W. staff training, office supplies, intern transportation, and classroom materials.	55,428
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	The costs associated with this section will provide funding for portions of consultant fees, marketing/advertising, record management systems, agency utility's and the liability insurance.	35,815
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		275,004



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

Real world job training to enhance employability of intern participants and reduce dependency on state assistance.

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

The target population are developmentally disabled adults and 20 - 25 individuals are expected to be served during the course of the program.

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

The interns will benefit from "Real World" work experience in an external host business environment which in turn, will result in less dependance on state assistance. The outcome will be measured by the graduation of interns from the G.R.O.W. program.

**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?**

Revocation of funding

**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.**

Does Not Apply

**13. Requestor Contact Information:**

a. **Name:** Stephanie Ryan

b. **Organization:** The Kathleen Anderson Comprehensive Work Center Inc., d/b/a Inspire of Central Florida

c. **Email:** sryan@inspirecfl.org

d. **Phone Number:** (407)699-4419

**14. Recipient Contact Information:**

a. **Organization:** Inspire of Central Florida

b. **County:** Seminole

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:** Lisa Garbers

e. **E-mail Address:** lgarbers@inspirecfl.org

f. **Phone Number:** (407)699-4419



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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**