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

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 02/04/2019

4. **Project/Program Description:**
   Reinstatement of Adults with Disabilities Funding for Employment Related Services and Basic Adult Ed funding - DOE/VR.

5. **State Agency to receive requested funds:** Department of Education
   
   State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>300,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>300,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>300,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>300,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td></td>
<td>200,000</td>
<td>30</td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. 300,000

10. **Details on how the requested state funds will be expended**

    | Spending Category Administrative Costs: | Description | Amount |
    |----------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits | $0          | 0      |
Other Salary and Benefits $0
Expense/Equipment/Travel/Supplies/Other $0
Consultants/Contracted Services/Study $0

Operational Costs:
Salary and Benefits Funding job coaches, instructors, paraprofessionals, and support staff to provide instruction and/or hands-on training for individuals with disabilities. 300,000
Expense/Equipment/Travel/Supplies/Other $0
Consultants/Contracted Services/Study $0

Fixed Capital Construction/Major Renovation:
Construction/Renovation/Land/Planning Engineering $0

Total State Funds Requested (must equal total from question #6) 300,000

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 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, supported employment, or support services that provide sufficient skills, knowledge and understanding to increase the capability of people with disabilities in areas of self-help, adaptive, social skills, or securing/maintaining competitive jobs in the community.

c. 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 or hands-on training related to each Individual Educational Goals, as well as supported employment, vocational training and work preparation services.

d. Who is the target population served by this project? How many individuals are expected to be served?
   Target populations include individuals with intellectual, or developmental, or mental, or physical disabilities, or economically disadvantaged persons, or jobless persons. 225 individuals in the target populations are expected to be served.

e. 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: 90% 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: 90% will receive vocational training and work preparation skills based on quarterly measuring of established goals.

f. 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?


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. E-mail Address: rdirocco@habcenter.org
   d. Phone Number: (561)483-4200 Ext. 113

14. Recipient Contact Information:
   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: Robert DiRocco
   e. E-mail Address: rdirocco@habcenter.org
   f. Phone Number: (561)483-4200 Ext. 113

15. Lobbyist Contact Information
   a. Name: None
   b. Firm Name: None
   c. E-mail Address:
   d. Phone Number: