1. **Title of Project:** SkillsTraining-Adults with Disabilities

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 02/15/2019

4. **Project/Program Description:**
   SKILLS TRAINING FOR ADULTS WITH DISABILITIES - participants will graduate from at least one short term Certificate or Occupational Skills Training program, pass a test in BASIC FINANCIAL SKILLS, obtain EMPLOYMENT within 120 days of graduation. The program is an evidenced based approach and provides a range of BUNDLED SERVICES to help adults with disabilities be ready to work with skills needed by employers; help them identify career paths and learn basic financial and other skills to ultimately achieve and sustain economic security and self sufficiency.

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><strong>300,000</strong></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>28.3%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>155,000</td>
<td>14.6%</td>
</tr>
<tr>
<td>Local</td>
<td>235,000</td>
<td>22.2%</td>
</tr>
<tr>
<td>Other</td>
<td>370,000</td>
<td>34.9%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>1,060,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
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</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 | Description | Amount
--- | --- | ---
**Administrative Costs:**
Executive Director/Project Head Salary and Benefits
Other Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study
**Operational Costs:**
Salary and Benefits | Staff in these areas: Admissions, Curriculum, Career/Academic, Classroom, Lab, Employment placement and support | 300,000
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study
**Fixed Capital Construction/Major Renovation:**
Construction/Renovation/Land/Planning Engineering

**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?**
      
      Expand access to education and occupational skills training for adults with disabilities.

   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      
      Evidenced based “bundled” approach to providing short term, post-secondary education leading to career ladder opportunities or occupational skills training, workplace supports and basic financial skills, to help individuals obtain employment, complete career ready post-secondary education or occupational skills training, and increase knowledge of financial stability concepts and behaviors. Long-term engagement in services ultimately allows them to earn, keep and grow assets while remaining employed, out of poverty and achieving self-sufficiency.

   c. **What are the direct services to be provided to citizens by the appropriations project?**
      
      Enrollment in short term post-secondary certificate or occupational skills training programs providing both classroom and experiential on the job training in the subject plus basic financial skills; job/career development and placement, transportation instruction, follow up supports to ensure success.

   d. **Who is the target population served by this project? How many individuals are expected to be served?**
      
      Adults with Disabilities; 100

   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
      
      Students will graduate from at least one short term certificate program or occupational skills training program, pass a skills test in basic financial skills, obtain employment within 120 days of graduation.
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? reasonable time to cure and then withhold funds as may be applicable

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.

Arc Broward, Inc., a non profit, Sect. 501(c) 3 organization

13. Requestor Contact Information:
   a. Name: Dennis Haas
   b. Organization: Arc Broward
   c. E-mail Address: dhaas@arcbroward.com
   d. Phone Number: (954)732-1114

14. Recipient Contact Information:
   a. Organization: Arc Broward
   b. County: Broward
   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: Dennis Haas
   e. E-mail Address: dhaas@arcbroward.com
   f. Phone Number: (954)746-9400

15. Lobbyist Contact Information
   a. Name: Susan Goldstein
   b. Firm Name: Susan Goldstein Consulting, Inc.
   c. E-mail Address: skgoldstein@hotmail.com
   d. Phone Number: (954)830-6300