



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1718

1. **Title of Project:** JARC Florida Community Works

2. **Senate Sponsor:** Perry Thurston

3. **Date of Submission:** 01/28/2019

4. **Project/Program Description:**

Employment opportunities for individuals with intellectual disabilities and autism. JARC partners with local businesses to provide on the job training to individuals with intellectual disabilities and autism. The participants work side by side with the employees of the business. This not only provides the individual with opportunities for community integration and employment opportunities, but also educates the community on the abilities of individuals with special needs. This program began in Palm Beach County and has now expanded into Broward County.

5. **State Agency to receive requested funds :** Department of Economic Opportunity

State Agency Contacted? No

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

Type of Funding	Amount
Operations	450,000
Fixed Capital Outlay	
Total State Funds Requested	450,000

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

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	450,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	450,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		300,000	2178A	No

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

a. **If yes, indicate non-recurring amount per year.** 450,000



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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	Salaries for individuals with intellectual disabilities and autism, and salaries for job coaches who train the individuals.	445,000
Expense/Equipment/Travel/Supplies/Other	Transportation to and from work sites.	5,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		450,000

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
Employment of individuals with intellectual disabilities and autism.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
On the job training at local businesses with our community partners.
- c. **What are the direct services to be provided to citizens by the appropriations project?**
Employment of persons with intellectual disabilities and autism with the assistance of trained professionals providing on the job training and support.
- d. **Who is the target population served by this project? How many individuals are expected to be served?**
Adults with intellectual disabilities and autism; serving 100 individuals and their families.
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
Independent employment of individuals with disabilities as measured by employment by a community business partner.
- 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?**
Financial penalties will be assigned to each benchmark as determined with the Department of Economic Opportunity.



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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:** Nancy Freiwald
- b. **Organization:** JARC Florida
- c. **E-mail Address:** nancyf@jarcfl.org
- d. **Phone Number:** (561)558-2557

14. Recipient Contact Information:

- a. **Organization:** JARC Florida
- 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:** Nancy Freiwald
- e. **E-mail Address:** nancyf@jarcfl.org
- f. **Phone Number:** (561)558-2557

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**