



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1809

1. Title of Project: MacDonald Training Center Certificate Success

2. Senate Sponsor: Janet Cruz

3. Date of Submission: 02/20/2019

4. Project/Program Description:

Provides training and education to disabled adults so that they may find employment in the hospitality, healthcare, manufacturing and technology fields.

5. State Agency to receive requested funds : Agency for Persons with Disabilities

State Agency Contacted? No

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

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	
Total State Funds Requested	250,000

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)	250,000	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	250,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

a. If yes, indicate non-recurring amount per year. 250,000

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Develop and deploy curriculum for training and educating disabled persons for jobs in hospitality, healthcare, manufacturing and technology.	250,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		250,000

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
Jobs for disabled persons
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
Training and education in fields suitable for persons with disabilities
- c. **What are the direct services to be provided to citizens by the appropriations project?**
Training and education; job placement
- d. **Who is the target population served by this project? How many individuals are expected to be served?**
Approximately 50 disable persons would receive training and education in Year 1
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
Jobs for persons who would otherwise be unemployable
- 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?**
Return of funds to the State

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.

It is a 501 (c)(3) entity

13. Requestor Contact Information:

- a. **Name:** Karrene Levy
- b. **Organization:** MacDonald Training Center



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c. **E-mail Address:** klevy@macdonaldcenter.org

d. **Phone Number:** (813)417-6473

14. Recipient Contact Information:

a. **Organization:** MacDonald Training Center

b. **County:** Hillsborough

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:** Karrene Levy

e. **E-mail Address:** klevy@macdonaldcenter.org

f. **Phone Number:** (813)417-6473

15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**