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**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>250,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>250,000</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>250,000</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>250,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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

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**

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Other Salary and Benefits

### Expense/Equipment/Travel/Supplies/Other

### Consultants/Contracted Services/Study

#### Operational Costs:

**Salary and Benefits**

<table>
<thead>
<tr>
<th>Expense/Equipment/Travel/Supplies/Other</th>
<th>Develop and deploy curriculum for training and educating disabled persons for jobs in hospitality, healthcare, manufacturing and technology.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>250,000</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consultants/Contracted Services/Study</th>
</tr>
</thead>
</table>

#### Fixed Capital Construction/Major Renovation:

<table>
<thead>
<tr>
<th>Construction/Renovation/Land/Planning Engineering</th>
</tr>
</thead>
</table>

#### 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
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:**