



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1960

1. **Title of Project:** Easterseals Vocational Training & Education

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 02/23/2019

4. **Project/Program Description:**

Expand post-secondary job training opportunities for adults with significant physical and intellectual disabilities of all ages and people with Autism Spectrum Disorder ages 22-30 through customized employment opportunities including art, music, farming, equine, and art café programs.

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	743,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>743,000</b>

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)	743,000	21.7%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	2,677,000	78.3%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>3,420,000</b>	<b>100.0%</b>

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?** No

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Director of Adult Services .4 FTE and benefits	33,350
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	2 Direct Support Professionals plus benefits 1 Food Service Manager plus benefits 2 Job Coaches plus benefits 1 Business Development Assistant plus benefits 1 Vocational Art Teacher plus benefits 2 Vocational Art Assistants plus benefits 1 Café/Art Employment Specialist plus benefits 1 Lead Direct Support Professional plus benefits	449,650
Expense/Equipment/Travel/Supplies/Other	Virtual Reality Equipment/Studio Art Stations Rent Program Supplies Consumables	260,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>743,000</b>

**11. Program Performance:**

**a. What is the specific purpose or goal that will be achieved by the funds requested?**

Expanded post-secondary training programs, virtual reality training, and a variety of work experiences where people with significant disabilities receive on-the-job training utilizing virtual reality and real-life, community based settings.

**b. What are the activities and services that will be provided to meet the intended purpose of these funds?**

Post-secondary job training services, utilizing virtual reality opportunities for adults with significant physical and intellectual disabilities of all ages and people with autism spectrum disorder ages 22-30, through customized employment opportunities including art, music, farming, equine, and art café programs.

**c. What are the direct services to be provided to citizens by the appropriations project?**

Job Coaching and Instruction in non traditional vocational rehab settings including organic farming, equine services, art to work, art café, and music utilizing virtual reality to increase and maintain job skills for the unemployed and underemployed, targeted to increase employability, job skills, social skills, and retain skills.

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

Elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, developmentally disabled, physically disabled and college persons.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Increased involvement in community, decreased rates of isolation/loneliness, measured by pre and post vocational training and self assessment. APD consumers will participate in USDA organic farm production through vocational education program, measured by pre and post training skill assessment. Through the use of



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Virtual Reality Job Training and evidence based practices for persons with significant disabilities, unemployed and underemployed persons with disabilities with gain and maintain employment, social and activity of daily living skills resulting in employment. Measured by data tracking number of consumers that obtained employment, number of months consecutively employed, and income earned from non governmental sources. Job opportunities for those with disabilities will be created at non traditional rehab sites, within the community. Data collection will include number of persons trained, number of jobs created, number of jobs filled with persons with disabilities.

**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?**

If measurable outcomes are not obtained, agency will develop a plan to address deficiencies to meet outcomes. Penalties may include, increased service provision or reduction in funding.

**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.**

The agencies standard contract penalties are sufficient.

**13. Requestor Contact Information:**

- a. **Name:** Jacque Ruch
- b. **Organization:** Easterseals Southwest Florida, Inc.
- c. **E-mail Address:** jruch@easterseals-swfl.org
- d. **Phone Number:** (941)355-7637 Ext. 452

**14. Recipient Contact Information:**

- a. **Organization:** Easterseals Southwest Florida, Inc.
- b. **County:** Manatee
- 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:** Tom Waters
- e. **E-mail Address:** twaters@easterseals-swfl.org
- f. **Phone Number:** (941)355-7637

**15. Lobbyist Contact Information**

- a. **Name:** Trevor Mask
- b. **Firm Name:** Colodny Fass, P.A.



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**c. E-mail Address:** [tmask@colodnyfass.com](mailto:tmask@colodnyfass.com)

**d. Phone Number:** (850)577-0398