1. **Title of Project:** Transportation for People with Disabilities

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 03/11/2019

4. **Project/Program Description:**

   Continues to fund a program allocation for innovative service development projects specifically relevant to the intellectual and developmental disabled customer market. The program utilizes a private provider with expertise in serving this market.

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

   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>900,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>900,000</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>900,000</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>900,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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

<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>
<tr>
<td>2018-19</td>
<td></td>
<td>500,000</td>
<td>1855</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

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

   a. If yes, indicate non-recurring amount per year. **$900,000**

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

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | Administrative Costs: |             |        |
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

Executive Director/Project Head Salary and Benefits
Other Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

<table>
<thead>
<tr>
<th>Operational Costs:</th>
<th>Salary and Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Continue services to Hillsborough, Manatee, and Pinellas Counties and expand to include Pasco, Duval, and Clay Counties. Operational expense includes $45,000 for rider education/training, rider recruitment, and agency participation. There will be $820,000 shared by the 6 Counties for actual rides.</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>CUTR Study: CUTR to be contracted to do analysis of data from Clay, Duval, and Pasco County expansion activities. CUTR will continue to analyze and report on all findings related to the counties above and the original counties of Hillsborough, Manatee, and Pinellas.</td>
</tr>
</tbody>
</table>

| Fixed Capital Construction/Major Renovation: |
| Construction/Renovation/Land/Planning Engineering |

Total State Funds Requested (must equal total from question #6) 900,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Enhance the design and use of transportation disadvantaged services in both urban and non-urban areas. Provide a transportation services experience for persons with intellectual or developmental disabilities as defined in s. 393.063, F. S., and to collect data to measure transit performance for individuals with a disability.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   The provider shall be responsible for the administration and provision of transportation services for persons with intellectual or developmental disabilities to access services.

c. What are the direct services to be provided to citizens by the appropriations project?
   Qualified citizens will be provided a point-to-point transportation service that is available through an innovative platform that reduces the travel time to and from activities across county lines. Provide accessible transportation services to authorized and enrolled individuals residing in the 6 counties of Hillsborough, Manatee, Pinellas, Pasco, Duval, and Clay.

d. Who is the target population served by this project? How many individuals are expected to be served?
Citizens with an intellectual or developmental disability as defined by s. 393.063, F.S., and identified by the Florida Agency for Persons with Disabilities. Approximately 16,000 to 20,000 of these individuals will be eligible for these services in the 6 Counties.

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

The anticipated benefits include the ability to measure performance of the innovative platform as it compares to the economics and efficiency of the current transportation model, and to provide improved quality of life for those dependent upon these services.

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?**

Standard contract penalties.

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:** John Donlon  
   b. **Organization:** UZURV  
   c. **E-mail Address:** John@uzurv.com  
   d. **Phone Number:** (850)222-9075

14. **Recipient Contact Information:**

   a. **Organization:** Commission for Transportation Disadvantaged  
   b. **County:** Statewide  
   c. **Organization Type:**  
      - For Profit  
      - Non Profit 501(c) (3)  
      - Non Profit 501(c) (4)  
      - Local Entity  
      - University or College  
      - Other (Please specify) State Agency  
   d. **Contact Name:** John Donlon  
   e. **E-mail Address:** john@uzurv.com  
   f. **Phone Number:** (850)222-9075

15. **Lobbyist Contact Information**

   a. **Name:** Nick Iarossi  
   b. **Firm Name:** Capital City Consulting
c. E-mail Address: Niarossi@capcityconsult.com

d. Phone Number: (850)222-9075