

LFIR # 1602

- **Project Title** Bridging the Gap - Life Skills Development Program 1.
- 2. **Senate Sponsor** Joe Gruters
- 3. Date of Request 10/24/2019

4. **Project/Program Description**

There are over 700 individuals on the Sarasota and Manatee County wait list out of an estimated 25,000 Florida wide. Florida currently stands at 49 out of the 50 states for funding individuals with disabilities Loveland Center will "bridge the service gap" by providing these needed services at locations in Sarasota, Manatee and Charlotte Counties for up to 100 individuals from the HCBS waive wait list in Sarasota and Manatee Counties: Loveland will provide Life-Skills Development 3 (ADT), after hours program, and Supported Employment.

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

○ Yes ● No State Agency contacted?

Amount of the Nonrecurring Request for Fiscal Year 2020-2021 6.

Type of Funding	Amount
Operations	647,574
Fixed Capital Outlay	000
Total State Funds Requested	647,574

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	647574	83.0 %
Matching Funds		
Federal	56,000	7 %
State (excluding the amount of this request)	00	0 %
Local	30,000	4 %
Other	50,000	6 %
Total Project Costs for Fiscal Year 2020-2021	783,574	100 %

Has this project previously received state funding? 8. ○ Yes No

If yes, provide the most recent instance:

Fiscal Year	Amount		Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed

9. Is future-year funding likely to be requested? Yes No

If yes, indicate nonrecurring amount per year.



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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: Oth	er			
Salary and Benefits	Funding to provide instruction and/or hands on training for program participants. Program Director, Program Manager, Program Team Leader and 6 Direct Support Staff, 3 After hour program Staff, and 1 Supported Employment Staff.	282,356		
Expense/Equipment/ Travel/Supplies/Other	3 - wheel chair accessible vehicles 2 - mini vans Leased property and utilities expenses Operating expenses - program startup expenses Program consumable supplies	336,953		
Consultants/Contracted Services/Study	Electronic Medical Records system, auditing fees and legal fees	28,265		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/ Land/Planning Engineering				
Total State Funds Requested (must equal total from question #6)				



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11. Program Performance

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

Loveland Center will "bridge the service gap" by providing these needed services at locations in Sarasota, Manatee and Charlotte counties for up to 100 individuals from the HCBS waiver waitlist. Service provided: Life-skills development (LSD-3), After hours (HERO), Transportation, and supported employment. LSD-3 up to 60 participants weekly

HERO Program up to 30 participants weekly

Supported Employment - 30 participants per caseload

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

Our participants will be receiving Life Skills Development support, Supported Employment Support, Companion Services, Supported Living opportunities, After hours services, Transportation, and Community Integration Support. The purpose of these funds is to provide funding for these Waitlisted individuals.

c. What direct services will be provided to citizens by the appropriation project?

LSD-3 program for up to 60 partisipants with intellectual and developmental disabilities - Life Skills Development encompasses all the tasks we complete everyday. From the time we wake up to the time we go to sleep we are constantly engaging in life skills. Whether it is brushing our teeth, driving a car, paying our bills or feeding the do; these are all skills that must be learned. Supported employment services (30 people per case load) - The Supported Employment staff member will be providing job skills development, interview assistance and job placement.

HERO program (30 people per week) - After Hors Program will support families to have a time for a mental health break.

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

Individuals (children 4 - 18 and Adults) with Intellectual and Developmental Disabilities. An estimated 7,500 individuals will be served.

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

All of the participants are monitored on a daily, monthly, and quarterly basis showing their individual improvement towards their personalized valued outcomes.

75% of participants served will see improvement or meet their individual outcomes set in the implementation plan. Improve economic stability.

Provide volunteer support to those individuals so they can gain meaningful employment experience while also supporting others in their community.

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?

Failure to meet contract deliverable in the Agency for Persons with Disabilities contract results in non-payment for the deliverable or upon discovery of failure to meet contract deliverable after payment, recoupment of funds by the Agency will occur.



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12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

	N/A		•		-		
13.	Requestor Contact Information						
	a. Fi	rst Name	Patrick	Last Nam	ne Guerin		
	b. O	ganization	Loveland Center Inc.				
	c. E-mail Address pguerin@lovelandcenter.org						
	d. Pł	none Number	(941)493-0016	Ext. 302	2		
14.	4. Recipient Contact Information						
	a. Or	ganization	Loveland Center Inc.				
	b. Mu	inicipality and	County Sarasota				
	c. Organization Type						
	O For-profit Entity						
	\bigcirc	Non-Profit	ofit 501(c) (3)				
	\bigcirc	Non-Profit	501(c) (4)				
	\bigcirc	Local Entity	/				
	\bigcirc	University of	or College				
	ullet	Other (plea	ase specify)Non Profit 501(c) (3)				
	d. Fir	st Name	Patrick	Last Nam	ne Guerin		
e. E-mail Address pguerin@lovelandcenter.org		pguerin@lovelandcenter.org					
	f. Ph	one Number	(941)4930016				
15.	Lobb	yist Contact	Information				
	a. Na	ime	Carole Green				
	b. Firm Name Capitol Strategies Consulting						
	c. E-	nail Address Carole@capitolstrategiesinc.com					
	d. Ph	one Number	(850)5902206	Ext.			