



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2405

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The requested funding will be used to help Florida's 2.37 million people with disabilities to gain independence, employment skills and obtain a greater quality of life. At a minimum, an additional 1,748 individuals with disabilities will receive services to help them attain employment and live as independently as possible in their communities. There has been no increase in funding for these services in over a decade.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

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

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="3,000,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	3,000,000

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)	<input style="width: 80%;" type="text" value="3000000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	3,000,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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: Other		
Salary and Benefits	Each of the 15 Centers for Independent Living will receive \$150,000 to hire qualified staff to provide services and supports to persons with disabilities in rural and under-served areas of Florida.	2,250,000
Expense/Equipment/Travel/Supplies/Other	The 15 Centers for Independent Living will allocate \$50,000 to cover costs associated with staff travel and equipment necessary to expand their outreach to rural and under-served areas.	750,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		3,000,000



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11. Program Performance

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

This funding will be used to provide services that increase the independence and social capacity of Floridians with disabilities so they can achieve their employment, economic and social goals and achieve a higher quality of life in their communities.

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

Centers for Independent Living will provide individualized services to persons with disabilities throughout Florida, with a targeted focus on under-served rural areas. Services will be goal-driven and directed through an Independent Living Plan (ILP) or Independent Living Waiver. Services are designed to enable independence and self-sufficiency and reduce reliance on more costly medical and social supports.

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

Employment training, Peer Mentoring, assistance with transitioning from institutional settings to the community or transitioning from high school to post-secondary education or employment, advocacy, information & referral services, and Independent Living skills training.

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

Individuals with disabilities of all ages throughout Florida.

Each of the 15 Centers for Independent Living will serve at least 50 additional people with this funding for a total of 750 people statewide.

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

Floridians with disabilities in traditionally under-served areas will be connected with services and supports to help them live as independently as possible in their communities.

This outcome will be measured by the number of individuals served in counties with historically low representation.

- 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?

Corrective Action Plans for non-performance.



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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.**

This budget request involves no fixed capital outlay funding – dollars are for services.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.