

LFIR # 2445

Project Title	Florida Goodwill Associate	tion						
Senate Sponsor	Travis Hutson							
Date of Request	11/22/2019							
Project/Program	Description							
opportunities. The pro	sed for capital construction, impropjects the funds would be used foolibility for the use of funds based	or are det	termined during	the contract	ctual proces	ss with [DEO. The reques	st is
State Agency to I	receive requested funds	Debe	artment of Ec	conomic (Opportun	ity		
	onrecurring Request for	Fiscal			İ			
Type of Funding	g		Amoun	t				
Operations				000				
Fixed Capital Ou	ıtlay		3,0	000,000				
Total State Fun	ds Requested		3,0	000,000				
Total Project Cos	et for Fiscal Year 2020-20)21 (ind	cluding mat	ching fu	nds avai	ilable	for this proje	ect)
Total Project Cos		021 (inc	cluding mat		nds avai		for this proje	ect)
Type of Funding			Amoun		Percen		for this proje	ect)
Type of Funding	g s Requested (from questic		Amoun	it	Percen 20.	tage	for this proje	ect)
Type of Funding Total State Fund Matching Funds Federal	g s Requested (from questic s	on #6)	Amoun	000000	Percen 20.	tage 0 %	for this proje	ect)
Type of Funding Total State Fund Matching Funds Federal State (excluding	g s Requested (from questic	on #6)	Amoun	000000	20.	0 % 0 %	for this proje	ect)
Type of Funding Total State Fund Matching Funds Federal State (excluding Local	g s Requested (from questic s	on #6)	Amoun	000000	Percen 20.	tage 0 % 0 % 0 % 0 %	for this proje	ect)
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other	g s Requested (from questices the amount of this request	on #6)	Amoun 31	000000	20.	tage 0 % 0 % 0 % 0 % 0 %	for this proje	ect)
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co	g s Requested (from questic s	on #6)	Amoun 30 12,0 15,0	000000	20.	tage 0 % 0 % 0 % 0 %	for this proje	ect)
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co Has this project p If yes, provide the	s Requested (from questices the amount of this request osts for Fiscal Year 2020 oreviously received state most recent instance:	on #6) t) -2021 e fundi	12,0 15,0	0000000 00 00 000,000 000,000	Percent 20.	tage 0 % 0 % 0 % 0 % 0 %	for this proje	ect)
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co	s Requested (from questices the amount of this request osts for Fiscal Year 2020 oreviously received state most recent instance:	on #6) t) -2021 e fundi	12,0 15,0	0000000 00 00 000,000 000,000	Percent 20.	tage 0 % 0 % 0 % 0 % 0 %	for this proje	ect)

If yes, indicate nonrecurring amount per year.

3,000,000



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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		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning	Capital construction, improvement, or equipment that will result in expanded job training and employment services to low income individuals and individuals with workplace disadvantages or barriers to	3,000,000
Engineering	employment, such as the disabled and veterans.	
Total State Funds Re	equested (must equal total from question #6)	3,000,000



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l1.	Program Performance
a.	What specific purpose or goal will be achieved by the funds requested?
	Capital construction, improvements or the purchase of equipment that will result in expanded employment opportunities as well as services to veterans
b.	What activities and services will be provided to meet the intended purpose of these funds?
	The capital projects that will be funded by the appropriation will be creating jobs in numerous communities.
C.	What direct services will be provided to citizens by the appropriation project?
	The Florida Goodwill Association (FGA) is comprised of nine autonomous Goodwill Agencies, each serving the people of a multi-county region. The FGA advocates for services to meet the needs of people with barriers to employment while concurrently strengthening families and communities. We strive to enhance the dignity and quality of life of individuals by helping people reach their full potential through education, skills training and the power of work. All of the above mentioned populations are employed by the Goodwill members of the FGA.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	The FGA serves the elderly, persons with poor physical health, the jobless, the economically disadvantaged, the homeless, the developmentally disabled, the physically disabled, students, formerly incarcerated persons, veterans, and others.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	The creation of jobs and the ability to serve and help persons listed above. The outcome will be measured by the creation of jobs and the number of persons on the above list served.
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.



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Florida Goodwill Asso	Solution			
Requestor Contac	t Information			
a. First Name	Jeremy	Last Name	Miller	
o. Organization	Florida Goodwill Association			
c. E-mail Address	Jeremy.Miller@gimi.org			
d. Phone Number	(941)747-3027	Ext.		
Recipient Contact	Information			
a. Organization	Florida Goodwill Association			
b. Municipality and	County Statewide			
c. Organization Typ	ре			
For-profit E	ntity			
Non-Profit	501(c) (3)			
O Non-Profit	501(c) (4)			
Local Entity	1			
University of the control of the	or College			
Other (plea	se specify)			
d. First Name	Jeremy	Last Name	Miller	
e. E-mail Address	Jeremy.Miller@gimi.org			
f. Phone Number				
Lobbyist Contact	Information			
a. Name	Michelle McKay			
b. Firm Name	T.B. Consultants, Inc.			