1. Project Title  
Easterseals Florida Life Skills and Employment-Readiness Program

2. Senate Sponsor  
Debbie Mayfield

3. Date of Request  
01/25/2021

4. Project/Program Description

Easterseals Florida Life Skills and Employment-Readiness Programs will provide services in Brevard County and Collier County. The program will provide education and training to individuals with disabilities and special needs. The Program goal is to teach students the skills necessary to live and work independently. The program is anticipated to serve at least 80 students. An annual Individualized Program Plan (IPP) will be developed with each student enrolled. Each students' IPP will establish a minimum of three measurable goals, one in each skill area of life skills, employment-readiness and community skills.

Access to this type of program and continuing education for adults with disabilities plays an important role in outcomes in many areas of life. Education Access and Social and Community Context are regarded as areas of Social Determinant of Health because of its relation to job prospects, income, self-esteem and ultimately, access to health care.

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

   State Agency contacted?  
Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>200,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>200,000</strong></td>
</tr>
</tbody>
</table>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>200,000</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td><strong>Matching Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2021-2022</strong></td>
<td><strong>200,000</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

8. Has this project previously received state funding?  
Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recurring</td>
<td>Nonrecurring</td>
<td></td>
</tr>
<tr>
<td>2020-21</td>
<td>0</td>
<td>150,000</td>
<td>248</td>
</tr>
</tbody>
</table>

9. Is future funding likely to be requested?  
Yes

   a. If yes, indicate nonrecurring amount per year.  
200,000
b. Describe the source of funding that can be used in lieu of state funding.

Medicaid Waiver funds can be used by students, those that qualify, to attend the program. However the rates only cover a small portion of the program costs. Students can pay privately to attend the program, however pricing to cover costs would increase fee to an unaffordable amount.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.

Funds received related to COVID-19 total $2,548,106 for the organization. These funds were used to keep staff employed during program closures and re-opening under limited capacity due to social distancing and safety protocols. Out of these funds, only $157,114 of Medicaid Waiver (Adult Day Training) were received over 10 months of program closure and disruption was dedicated to this project and the program which supports this project.

11. Details on how the requested state funds will be expended

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>Program Director, Associate VP, for each program in Brevard and Collier Counties</td>
<td>32,900</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Travel for supervision, community outreach</td>
<td>600</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Operational Costs: Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td>Teachers/Instructors, substitute staff</td>
<td>68,400</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Community outing expenses include: access fees, vehicle, maintenance and transportation expenses, insurance, transportation supervision. Staff Training. Office/Program supplies; computers/tablets and misc equipment; Curriculum and/or learning materials. Occupancy space, utilities, fire safety system, preventative maintenance, pest control, IT and administrative overhead.</td>
<td>98,100</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td></td>
<td><strong>200,000</strong></td>
</tr>
</tbody>
</table>

12. Program Performance

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

Each student will learn the skills necessary to live and work independently in all environments of their life - live, learn, work and play.

b. What activities and services will be provided to meet the intended purpose of these funds?
Students will acquire new knowledge, skills and confidence necessary for independent living, in areas of:

**LIFE:**
- daily living, literacy, money management, health, safety, nutrition;

**EMPLOYMENT:**
- pre-employment skills, resume writing, interview skills, career exploration and planning, computer skills;
- **COMMUNITY:**
  - job fairs, volunteering for career growth, using public transportation, developing grocery shopping skills, social skills in live settings.

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

Classroom teaching, community discovery and exploration, career path exploration, intern/volunteer on-the-job training opportunities by certified teachers.

In addition, behavior services will be provided to students in need.

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

Program participants are 18 years and older with disabilities or special needs.

Serving 80 students.

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

- Life skills necessary for independent living.
- Employment-readiness skills necessary for entering or re-entering the workforce.
- Community skills necessary to increase their integration, inclusion and participation within their communities.

Measuring tools include task analysis, work samples, written tests, oral performance, observation, surveys, assessments, and role play.

Data collected from last year’s program showed that students benefit from social interaction, reporting they enjoy community interaction, are comfortable doing things outside of their homes, and are optimistic about their future.

**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 the contract?**

If provider fails to provide skills activities for a minimum of 25 participants monthly, the provider’s monthly invoice payment shall be reduced by one quarter of one percent (0.25%) per instance (participant).

**13. 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
14. Requestor Contact Information

a. First Name  Stephanie  Last Name  Wallace

b. Organization  Easter Seals Florida, Inc.

c. E-mail Address  swallace@fl.easterseals.com

d. Phone Number  (813)769-5917  Ext.

15. Recipient Contact Information

a. Organization  Easter Seals Florida, Inc.

b. Municipality and County  Brevard

c. Organization Type

- [ ] For Profit Entity
- [x] Non Profit 501(c)(3)
- [ ] Non Profit 501(c)(4)
- [ ] Local Entity
- [ ] University or College
- [ ] Other (please specify)

d. First Name  Christine  Last Name  Judson

e. E-mail Address  cjudson@fl.easterseals.com

f. Phone Number  (321)723-4474

16. Lobbyist Contact Information

a. Name  Nicole Graganella Kelly

b. Firm Name  Colodny Fass, P.A.

c. E-mail Address  ngraganella@colodnyfass.com

d. Phone Number  (850)577-0398