



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1640

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Arc Gateway Program for Adult Learning and Support is a post-secondary program for people with intellectual and developmental disabilities. PALS gives students the opportunity to continue their education, learn new skills, explore new careers, and gain more independence. The ultimate goal is to provide substantial and relevant learning experiences in community settings that lead to meaningful employment. Students receive transportation daily, interact with mentors, participate in internship opportunities and experience hands on training and skills acquisition to prepare them for the future. By the end of their time in the program, students are prepared to live on their own in the community. And, through job search activities, students realize their full potential by securing employment in a desired field.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</b>

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

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>1,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	1,150,000	248	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.



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**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.**

Payroll Protection Program \$1,107,749  
Medicaid Provider Relief Funds \$90,742.38  
Medicaid Provider Relief Funds \$447,061.02  
All funds were used to support agency Home and Community Based services payroll and expenses directly related to COVID impact on our programmatic operations

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Agency Overhead Costs	150,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries, Taxes and Benefits	600,000
Expense/Equipment/Travel/Supplies/Other	Transportation costs, Curriculum, Office Supplies, Travel and Training, Printing and Publishing, Tuition and Fees, Facility Leases, Utilities, Maintenance, etc.	250,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

**12. Program Performance**

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

To provide a unique opportunity for adults with intellectual and developmental disabilities to pursue post-secondary education that leads to competitive employment. Students attend specialized career classes at a community based site, learn new skills, explore careers and participate in on-the-job internships that lead to job placements in businesses in the community.

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

Education, Training and Experience that will increase skills and levels of independence and ultimately lead to employment

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

Classroom education; transportation to and from home and school settings; all supplies; mentorship from college students; internship opportunities and guidance; job seeking activities and support

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



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Adults with intellectual and developmental disabilities in Escambia and Santa Rosa Counties who have completed their secondary education and want to continue personal development. Students should have a goal of becoming an employable individual at the end of their time in PALS.  
The program is designed to serve up to 80 students at any time. We expect to serve about 100 during the year.

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

The PALS program is designed to prepare individuals with disabilities for competitive employment. By working, these individuals become valuable and contributing citizens of our community. This improves the overall quality of life for both the disabled worker and their family members. In addition, with increased skills and an income, disabled individuals will have a reduced need for government assistance in the way of state funded services, which will save the tax payers substantial dollars over the course of their lifetime.

**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?**

Termination of contract with 30 days notice.

**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



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number