



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1799

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This funding will enable Florida's network of 15 Centers for Independent Living to provide community support coordination for adults with disabilities transitioning from hospitals, nursing homes and other institutional settings to the community. The CILs will provide case management, peer support, assistance with securing accessible housing, assistive technology and other supports to allow adults with disabilities to live, learn, work and succeed in their communities.

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	900,000
Fixed Capital Outlay	0
Total State Funds Requested	900,000

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)	900,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	900,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.

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

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



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Each of the 15 Centers for Independent Living received varying amounts of federal assistance related to the COVID-19 pandemic based on the population within their geographic catchment areas. The funds were restricted to purchases of technology, COVID-19-related supplies and salaries, wages and leave. Funds must be obligated by September 30, 2021.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Each of the 15 Centers for Independent Living funded with this project will receive \$3,000 to offset salary costs of the Project Head who will oversee the delivery of services (15 X \$3,000 = \$45,000).	45,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Each of the 15 Centers for Independent Living funded with this project will receive \$45,000 to cover the staffing costs required to provide a dedicated staff person(s) to offer these services (\$45,000 X 15 = \$750,000).	750,000
Expense/Equipment/Travel/Supplies/Other	Each of the 15 Centers for Independent Living funded with this project will receive \$7,000 to cover the costs of travel, supplies and other expenses related to the delivery of services (15 X \$3,000 = \$105,000).	105,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		900,000

12. Program Performance

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

This funding will enable Florida's network of 15 Centers for Independent Living to provide community support coordination for adults with disabilities transitioning from hospitals, nursing homes and other institutional settings to the community. The CILs will provide case management, employment assistance, peer support, assistance with securing accessible housing, assistive technology and other supports to allow adults with disabilities to live, learn, work and succeed in their communities.

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

Centers for Independent Living will dedicate a Community Transitions Coordinator to work with hospitals, nursing homes and rehabilitation facilities to identify individuals appropriate for community transition. Transition plans will be developed based on consumers' unique needs and CIL staff will work with consumers to ensure success and sustainable transitions back to the community.

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

Case management, peer mentoring, employment assistance, information about local services, assistance in enrolling in state assistance programs, development of Independent Living Plan, assistance with acquiring assistive technology and durable medical equipment and accessing education and skills training and acquiring employment skills.

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

Florida adults with disabilities who are transitioning from a hospital, nursing home or other institutional setting.



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

The Centers for Independent Living will establish Independent Living goals for the individuals served through this program. Progress on the achievement of those goals will be tracked and reported as part of a contract with the Dept. of Health.

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?

One twelfth of contract funding will be withheld from Centers for Independent Living for any month in which deliverables are not met.

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