



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1839

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

Enhances the transportation services experience for persons with intellectual or developmental disabilities, as defined in s. 393.063, F.S., in Orange, Osceola, and Seminole counties through the Advantage Ride Pilot Program. Innovative transportation will increase the regional connectivity for persons with an intellectual or developmental disability so they can access jobs, health care, school, and other life-sustaining activities in a county outside of their residence. Program utilizes a private provider with expertise in serving this market.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

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

Type of Funding	Amount
Operations	1,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,500,000</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)	1,500,000	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>1,500,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21		1,500,000	1915	Yes

9. **Is future funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

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

None.

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

No



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

**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	Director	60,000
Other Salary and Benefits	Call center	60,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Transportation for persons with intellectual or developmental disabilities	1,380,000
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>1,500,000</b>

**12. Program Performance**

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

Enhance the design and use of transportation disadvantaged services in both urban and non-urban areas. Utilize data to make future recommendations to serve this market.

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

Provide innovative and timely transportation services as agreed upon by the user and provider. Transportation services are provided by an adaptive transportation network company.

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

Citizens with intellectual and developmental disabilities will be provided with unique transportation options.

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

Persons with intellectual and developmental disabilities. The project is expected to serve between 450-500 persons.

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

An enhanced travel experience for persons with intellectual or developmental disabilities and an increased access to life-sustaining services and activities. Innovative transportation will be piloted and data collected to determine the best means to provide such transportation for the marketplace. These outcomes will be measured through customer satisfaction surveys with riders and collecting trip data, such as number of trips, number of cross-county trips provided, number of trips by trip purpose, and number of unique riders using the service.

**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?**



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Standard contract penalties are sufficient.

- 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) Agency

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