

Operations

Fixed Capital Outlay

Total State Funds Requested

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 1018

250,000

250,000

1. Project Title	Brevard Adults with Disa	abilities	
2. Senate Sponsor	Tom Wright		
3. Date of Request	10/11/2021		
4. Project/Program De	escription		
disabilities. Brevard' 1- Provide work skill 2- Increase worker p 3- Increase independent	s AWD project is designed and soft skill training to tho productivity, skills and, there dence by teaching function	t and community inclusion opportunities for individua to: ose who are not currently able to sustain community of efore, their income potential, by creating more focuse al community and safety skills and decrease reliance of to promote life-long learning.	employment. ed training approaches.
5. State Agency to red	ceive requested funds	Department of Education	
State Agency conta	cted? No		
6. Amount of the Noni	ecurring Request for Fisc	cal Year 2022-2023	
Type of Funding		Amount	

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	250,000	70%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	106,763	30%	
Total Project Costs for Fiscal Year 2022-2023	356,763	100%	

8. Has this project previously received state funding?

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2021-22	0	199,714	31	No	

9. Is future funding likely to be requested?

Yes

Yes

a. If yes, indicate nonrecurring amount per year.

250,000

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

Attempts would be made to raise the funds from local donors and to seek additional grant funds as available.

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



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Yes

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

Cares Provider Relief Fund: \$18,364.67. Funds used to maintain full staffing for our adult day training program at a ready-state for when programming could resume.

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits	Direct Instructors and Trainers, Education Lead, Guidance Counselor: 5 FTE	242,000		
Expense/Equipment/Travel/Supplies/ Other	Educational Materials and Supplies, curriculum updates, software, facilities	8,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6)				

12. Program Performance

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

To increase employment opportunities, work skills, independence and community integration by person's with significant disabilities.

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

Specific curriculum will be used to train the many areas of expected behaviors at the workplace and in the community. Funding will also allow our participants with disabilities to participate in the community as much as possible, which is accomplished via community trips to local resources (library, Career Source, local employers, volunteering, etc.).

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

Adults with disabilities will receive classroom instruction, practice work and community practicums, internships, speakers, outings and volunteering.

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

Adults with disabilities who need further work and life skills training; current and future participants in our Adult Day Training program who want to work, improve their work and life skills and become contributing and fully engaged citizens. At a minimum, 60 individuals will be served once programs are fully functional post-COVID.

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



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- 1- 100 percent of participants will complete an employment interest inventory to access training and development needs. 2- 100 percent of participants will participate in an in-person or virtual job shadowing opportunity in their stated desired field.
- 3- At a minimum, 5 individuals will participate in community inclusion activities per month.
- 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?

A portion of the contract is performance based, with incremental financial penalties for failure to meet deliverables.

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.

Brevard Achievement Center



14.

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14.	Requestor Contact	Informati	ion			
	a. First Name	Amar		Last Name	Patel	
	b. Organization	Brevard Achievement Center				
	c. E-mail Address	apatel@bacbrevard.com				
	d. Phone Number	Phone Number (352)514-7785 Ext.				
15.	Recipient Contact	Informatio	on			
	a. Organization	Brevard A	Achievement Cer	nter		
	b. Municipality and County Brevard					
	c. Organization Ty	pe				
	□For Profit Entity					
	☑Non Profit 501(c)(3)					
	□Non Profit 501(d	□Non Profit 501(c)(4)				
	□Local Entity					
	□University or College					
	□Other (please specify)					
	d. First Name	Susan		Last Name	McGrath	
	e. E-mail Address	il Address smcgrath@bacbrevard.com				
	f. Phone Number					
16. Lobbyist Contact Information						
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address	ress				
	d. Phone Number					