



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1946

1. Project Title JARC Florida - Palm Beach/Broward

2. Senate Sponsor Aaron Bean

3. Date of Request 12/10/2021

#### 4. Project/Program Description

The Community Works Program provides community based employment training and integration for individuals with developmental/intellectual disabilities. JARC partners with local businesses to provide on-the-job training for participants. They work side by side with the employees of the business. This not only provides the individual with opportunities for community integration and employment but also educates the community on the abilities of individuals with special needs. This program began in Palm Beach County and has now expanded into Broward County

5. State Agency to receive requested funds Department of Economic Opportunity

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</b>

#### 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)	400,000	62%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	246,000	38%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>646,000</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	335,000	2191A	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 400,000

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

None known. If state funding were unavailable, fewer individuals would be served. The on-the-job-training would become unpaid, potentially resulting in participants collecting unemployment.

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

Yes



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1946

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

JARC received \$999,610 through the Payroll Protection Program which was used for staff salaries to ensure everyone remained employed.

#### 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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries for individuals with intellectual disabilities and autism. Salaries for job coaches who provide the training.	400,000
Expense/Equipment/Travel/Supplies/Other		0
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>400,000</b>

#### 12. Program Performance

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

Funds will secure community based employment training for individuals with intellectual disabilities and autism. With an ultimate goal of employment, individuals with special needs will reduce their dependence on government subsidies.

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

JARC will work with local businesses to secure partnerships for the community based employment training. Individuals with intellectual disabilities and autism will receive job coaching services.

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

Participants in the program will be provided the opportunity to receive community based employment training at local businesses. This will be completed with supervision from trained job coaches to maximize the potential for independent employment.

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

This program provides services to individuals with intellectual disabilities and autism. The program also provides support to the families of the individuals receiving services. The program has grown every year and currently provides services to 60 individuals and their families.

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

75-100 individuals with intellectual disabilities and autism will participate in community based employment training. They will also receive training on how to develop a resume and how to interact in a job interview. A minimum of 6 individuals will become employed at the community based training site. Success is measured in the number of individuals enrolled in the program, the number of local business partners, and the number of individuals who become employed.



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1946

**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?**

Financial penalties will be tied to each benchmark/objective as determined by the Department of Economic Opportunity. 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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1946

#### 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