

LFIR # 1657

1. Project Title	Bilingual vocational pilot progr	am for	special needs stude	ents		
2. Senate Sponsor	Linda Stewart					
3. Date of Request	11/29/2023					
4. Project/Program De	escription					
programs to student Americans with Disa employed or self-em activities aimed at in activities to improve identify their needs	tional Pilot Program for Special Ness with special needs, according to abilities Act for post-secondary paraployed with requisite skill. For the inproving their lives: they will rece their physical health; they will rece and work on them; and the prograternship on their respective certification.	o the Ir articipa e term ive phy ceive m am will	ndividuals with Disatents, to prepare them of their education, a ysical examinations of the treatments	pilities Education Ac in specific skills so Il of the participants every 6 months and ent (bi-weekly therap tion among participa	t for high schoolers and they can be gainfully will also engage in engage in outdoor by appointments) to ants. The students will	
5. State Agency to re	ceive requested funds De	partme	ent of Education			
State Agency conta						
0 ,						
6. Amount of the Non	recurring Request for Fiscal Ye	ar 202	24-2025			
Type of Funding			Amo	ount		
Operations				613,000		
Fixed Capital Outlay	/		0			
Total State Funds Requested			613,000			
Total State Fullus	rtoquostou			0.0,000		
	•				0	
	for Fiscal Year 2024-2025 (inclu	ding n	natching funds ava		ect)	
	•	ding n	natching funds ava		ect)	
7. Total Project Cost f	•	ding n		ilable for this proj	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds	or Fiscal Year 2024-2025 (inclu	ding n	Amount	ilable for this proje Percentage 50%	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal	equested (from question #6)	ding n	Amount 613,000	ilable for this proje	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal	or Fiscal Year 2024-2025 (inclu	ding n	Amount 613,000	ilable for this proje Percentage 50%	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal	equested (from question #6)	ding n	Amount 613,000 0 0	ilable for this projection Percentage 50%	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the	equested (from question #6)	ding n	Amount 613,000	Percentage 50%	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from question #6)	ding n	Amount 613,000 0 0	Percentage 50% 0% 0%	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	for Fiscal Year 2024-2025 (included) equested (from question #6) amount of this request)		Amount 613,000 0 0 603,000	Percentage 50% 0% 0% 0% 50%	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	equested (from question #6) amount of this request) a for Fiscal Year 2024-2025		Amount 613,000 0 0 603,000 1,216,000 No Specific	Percentage 50% 0% 0% 0% 50%	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro	equested (from question #6) amount of this request) s for Fiscal Year 2024-2025 eviously received state funding	j?	Amount 613,000 0 0 0 603,000 1,216,000	ilable for this projection	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro	equested (from question #6) amount of this request) s for Fiscal Year 2024-2025 eviously received state funding	j?	Amount 613,000 0 0 603,000 1,216,000 No Specific	ilable for this projection	ect)	
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7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro Fiscal Year (yyyy-yy) 9. Is future funding lile	equested (from question #6) amount of this request) s for Fiscal Year 2024-2025 eviously received state funding Amount Recurring Nonrecurr	j?	Amount 613,000 0 0 603,000 1,216,000 No Specific Appropriation #	ilable for this projection	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro Fiscal Year (yyyy-yy) 9. Is future funding lill a. If yes, indicate n	equested (from question #6) amount of this request) s for Fiscal Year 2024-2025 eviously received state funding Amount Recurring Nonrecurring kely to be requested? conrecurring amount per year.	j?	Amount 613,000 0 0 603,000 1,216,000 No Specific Appropriation # Yes 500,000	Percentage 50% 0% 0% 0% 50% 100%	ect)	
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro Fiscal Year (yyyy-yy) 9. Is future funding lill a. If yes, indicate n	equested (from question #6) amount of this request) s for Fiscal Year 2024-2025 eviously received state funding Amount Recurring Nonrecurr kely to be requested?	j?	Amount 613,000 0 0 603,000 1,216,000 No Specific Appropriation # Yes 500,000	Percentage 50% 0% 0% 0% 50% 100%	ect)	



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?
No If yes, indicate the amount of funds received and what the funds were used for.
Complete questions 11 and 12 for Fixed Capital Outlay Projects
11. Status of Construction
a. What is the current phase of the project?
Planning Design Construction N/A
b. Is the project "shovel ready" (i.e permitted)?
c. What is the estimated start date of construction?
d. What is the estimated completion date of construction?
12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	These funds will be used to pay part of the payroll of the Project Head salary (Vocational Program Director).	45,000
ther Salary and Benefits These funds will be used to pay part of the payroll of the permanent staff of the program for 1 year: Receptionist, Security, administrative assistant.		100,000
Expense/Equipment/Travel/Supplies/ Other	These funds will be used for equipment expenses, rent, utilities, software, office supplies, cleaning services and the purchase of a vehicle to transport students (Van).	172,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	These funds will be used to pay part of the payroll of the professional staff including 2 therapists, 1 coach, 1 social worker, 1 licensed mental health counselor (LMHC or licensed clinical social worker), 1 certified medical assistant, and 3 specialized staff to teach in vocational programs for a year.	200,000
Expense/Equipment/Travel/Supplies/ Other	These funds will be used for supplies for students participating in vocational programs.	96,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	613,000



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14. Program Performance

c. Organization Type

□For Profit Entity

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

Provide specially designed vocational education programs to students with special needs, according to the Individuals with Disabilities Education Act for high schoolers and Americans with Disabilities Act for post-secondary participants, to prepare them in specific skills so they can be gainfully employed or self-employed with requisite skill.

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

JHF will provide technical training for people with any type of disability. We will provide vocational programs specially designed for students with special needs, supportive therapies to support progress and rehabilitation of students, and civic engagement training to boost their participation in society and compliance as citizens. All programs will be bilingual.

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

Bilingual vocational programs: each curriculum is based on Florida laws from the educational department in compliance with the required hours to acquire the state certification in: Veterinary assistant (2 semesters program), Certified Peer Recovery Specialist (40 hours training and 500 hours of direct experience), and Agricultural Assistant (4 semesters program)

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

At least 150 people with benefit with this project. The target populations are:
a) Persons with poor mental health; b) Persons with poor physical health; c) Jobless persons; d) Developmentally disabled; e) Physically disabled; f) High school students; g) Bilingual population; h) Young adults with mental and health diagnosis

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

3 vocational programs specially designed for students with disabilities and 70% of total enrolled participants with postsecondary certificates validated through the educational department. We will develop a curriculum for each vocational program detailing the different approaches for students with disabilities, as well as the adjustments in terms of activities, evaluations and subjects. On the other hand, the data base of each program will contain the progress for each participant, detailing each milestone reached during the formation process to validate the criteria they must meet.

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?

	Implementation of a Corrective Action Plan.						
15.	Requester Contact	: Informati	on				
	a. First Name	Elizabeth		Last Name	Valencia		
	b. Organization Joshua's House Foundation						
	c. E-mail Address	evalencia	@joshuashouse	missions.org			
	d. Phone Number	(689)348	-8891	Ext.			
16.	Recipient Contact	Informatio	on				
a. Organization Joshua's House Foundation							
	b. Municipality and	d County	Orange				



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□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity						
□University or Co	□University or College					
□Other (please specify)						
d. First Name	Elizabeth	Last Name	Valencia			
e. E-mail Address	grants@joshuashousemis	ssions.org				
f. Phone Number	(407)946-0215					
17. Lobbyist Contact Information						
a. Name	None					
b. Firm Name						
c. E-mail Address						
d. Phone Number						