

LFIR # 2847

1. Project Title	The WOW Center	

2. Senate Sponsor Alexis Calatayud

3. Date of Request	01/08/2024
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4. Project/Program Description

The WOW Center aims to provide high-quality programs and support to help individuals with developmental disabilities lead meaningful and productive lives, explore their potential, develop a sense of community, and pursue independence and jobs if they are able.

5. State Agency to receive requested funds

Department of Education

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	940,000
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,940,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,940,000	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 2024-2025	2,940,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year	Fiscal Year Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2023-24	0	1,200,000	27 & 34A	No	

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?

No

Yes

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



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The funds below were received and used to maintain direct care staff over for two years while our reimbursement funds were approx 60% lower than pre covid. CARES Act PPP Loan round 1 - \$245,900 CARES Act PPP Loan round 2 - \$248,690

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

O Planning	🔘 Design	 Construction 	🔘 N/A	
b. Is the project "shovel ready" (i.e permitted)?				
c. What is the es	timated start da	te of construction?		03/05/24

- 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.

06/30/25

There are no owners; it is a nonprofit organization

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Program Management	40,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Instructors, Social Workers, Teacher Aides and Job Coaches	700,000
Expense/Equipment/Travel/Supplies/ Other	ADA Transportation Vehicles	200,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Renovation/ Construction	2,000,000
Total State Funds Requested (m	nust equal total from question #6)	2.940.000

14. Program Performance

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

The goal is to train individuals with developmental disabilities for employment and establish community partnerships that will offer internship programs, preparing them for the workforce.

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



Education, Internships and Trainings for Future Workforce Success for adults with developmental disabilities. The goal is for them to be employed and/or prepared for employment after their internship program.

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

Pre-Employment training on soft job skills: communication skills, task related skills, interpersonal skills and time management in real time situations. Orientation, job coaching throughout the term of internship, corporate coaching to the Human Resource Manager or to the immediate supervisor to ensure safety, and proper resources are given to individuals who are participating in the internship program.

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

Approximately 200 adults with developmental and intellectual disabilities ages 22-81.

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

be measured?

Improve Mental Health, Enrich Cultural Experiences, Improve Quality Education. Qualitative and quantitative data will be collected during the entire internship. Individuals will have an individual education plan (IEP) which will address specific benchmarks that the individuals will complete at each quarter. (Examples: Individuals will learn coping skills, social skills, etc, Individuals will learn new work skills which are "hands-on" that are only available via internships at actual job sites, Individuals will attain internships at locations that have never hired individuals with disabilities and will provide an enriching

cultural experience for our community partners).

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?

Nothing beyond standard penalties.

15. Requester Contact Information

a. First Name	Arlene	Last Name	Peterson
b. Organization	The WOW Center		
c. E-mail Address	arlene@wowcentermiami.	org	
d. Phone Number	(305)279-7999	Ext.	

16. Recipient Contact Information

a. Organization The WOW Center

b. Municipality and County Miami-Dade

c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

□Non Profit 501(c)(4)

□Local Entity

□University or College

□Other (please specify)



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d. First Name	Arlene	Last Name	Peterson
e. E-mail Address	arlene@wowcentermiami	org	
f. Phone Number	(305)279-7999		

17. Lobbyist Contact Information

a. Name	None
b. Firm Name	
c. E-mail Address	
d. Phone Number	