

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Bridging the Gap in Employment of Young Adults with Unique Abilities
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Vance Aloupis  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
*If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E*
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					350,000	350,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Education
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
future funding will be lost

6. Requester:

- a. Name: Lileana De Moya
- b. Organization: DMF employment opportunities
- c. Email: lily@dmfemployment.org
- d. Phone #: (305)667-9112

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Natalie Roque Sanchez
- b. Organization: DMF Employment Opportunities
- c. Email: natalie@dmfemployment.org
- d. Phone #: (305)667-9112

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Brad Burleson
- b. Firm: Ballard Partners
- c. Email: brad@ballardfl.com
- d. Phone #: (850)545-2219

9. Organization or Name of entity receiving funds:

- a. Name: DMF Employment Opportunities
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The funds will specifically help sustain extended services integral to maintaining long-term employment outcomes for individuals with intellectual and developmental disabilities (IDD). An investment in extended services yields positive employment outcomes for young adults with IDD, which leads to economic growth and less dependence on government assistance.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Direct services provided to maintain employment that include on and off-site job coaching, individual and group sessions, peer group meetings, and ongoing follow-ups with the employer and employee. Employment Initiative Director Program Coordinator Vocational Services Coordinator/Mental Health Coordinator Employment Specialists Plus applicable fringe and health insurance.	289,305

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	iPads for training sessions and assessments. Laptops for remote access to database and files to be used on location, document progress through case notes, research or develop tools to be used as accommodations, and maintain communication. Travel and registration fees for the Association of People Supporting Employment First conference. Certified Employment Support Professional exam fees. Fees for space to host meetings and trainings, communications, software and database.	43,895
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted services to maintain website, design and disseminate information with constituents via eBlasts and social media, design and print outreach materials and training media.	16,800
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>350,000</b>

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letters of Support from: The Children's Movement, David Lawrence, Jr. 305-646-7229; The Children's Trust, James Haj 305-571-5700; UM-NSU CARD, Jennifer Durocher and Dr. Michael Alessandri 305-284-6563; Kelly Tractor, L. Patrick Kelly; New World Symphony, David J. Phillips 305-428-6751; Parent to Parent of Miami, Isabel Garcia 305-271-9797; BCC Engineering, Jesper Kanold; Regis HR Group, Carlos Saladrigas 786-264-6763; TY Lin International, Alvaro Piedrahita 305-567-1888.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Florida Employment First Findings - "The review presents findings from a comprehensive review of Florida's strategies and experiences supporting integrated employment outcomes that occurred in the spring and summer of 2012. An online survey was used to gather input from a wide stakeholder group about the state's infrastructure for achieving integrated employment outcomes among people with IDD receiving publicly financed support."

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Supported employment services provided by DMF Employment Opportunities far exceed the 90-day to 150-day federal guideline standards. Training and maintenance is available to Employer Partners and employees on an ongoing basis with no limitations. Additional direct services include: individual and group counseling sessions by a mental health practitioner, monthly Power Up for Jobs peer group meetings to reinforce and address topics related to employment and financial independence, and monthly so

17b. Describe the direct services to be provided to the citizens by the funding requested.

Eligible citizens will receive intensive supported employment services in accordance with the Customized Employment model adopted by DMF Employment Opportunities. The appropriation project will specifically fund intensive job coaching to ensure transition into stable employment and extended services to maintain employment.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Generating new employment opportunities for an underemployed sector of the population.	Number of participants hired through the project.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Increase the number of Employer Partners to create additional job opportunities for young adults with unique abilities.	Number of new Employer Partners and positions generated.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Long-term employment that leads to more hours and benefits to increase self sufficiency and financial stability.	Participants employed for over 1 year, increase in work hours to full-time, and/or wage increase.

<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	350,000	52.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	120,000	17.9%	Yes
4. Local:	0	0.0%	No
5. Other:	198,753	29.7%	Yes
<b>TOTAL</b>	<b>668,753</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M