# **Budget Detail Request - Fiscal Year 2016-17**

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: DD Work Readiness Program (BAC)

2. Date of Submission: 01/08/2016

3. House Member Sponsor(s): Ritch Workman

#### 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
- 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? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request  for FY 2016-17  (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
Column:	Α	В	С	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					0	343,106	343,106

e.	e. New Nonrecurring Funding Requested for FY 16-17 will be used for:						
	<b>☑</b> Operating Expenses	☐Fixed Capital Construction	☑Other one-time costs				
		·					
f. New Recurring Funding Requested for FY 16-17 will be used for:							
			asca .c				
		□Fixed Capital Construction					

# 5. Requester:

a. Name: Amar Patel

b. Organization: <u>Brevard Achievement Center (BAC)</u>

c. Email: <u>apatel@bacbrevard.com</u>d. Phone #: (321)632-8610 Ext. 206

- 6. Organization or Name of Entity Receiving Funds:
  - a. Name: <u>Brevard Achievement Center (BAC)</u>
  - b. County (County where funds are to be expended) Brevard
  - c. Service Area (Counties being served by the service(s) provided with funding) Brevard
- 7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project?s intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Brevard Achievement Center
DD Work Readiness Training Program

#### Project Description:

Recent federal and state legislative actions, the increase in the complexity and severity of persons with disabilities that we serve and the present national and local economic environment has prompted us to reevaluate our approach to preparing person?s with significant disabilities to transition to competitive integrated employment at their highest levels.

Our belief is for successful sustained employment to occur a concerted effort by multiple professional disciplines, community agencies and the employment community will be required. Involving appropriate stakeholders in the design and implementation of a comprehensive employment plan will lead to positive and sustained employment outcomes.

The Industry Readiness Training Program was designed to assist persons with disabilities and their families by identifying, enhancing and /or improving their work behaviors, attitudes and tolerances to a level that will allow them to obtain and sustain employment at their highest level. This structured comprehensive multidisciplinary training will be provided in three phases. Each phase is expected to last approximately three months.

- -Phase One: Collect information and data on each individual to assist in developing a comprehensive industry readiness plan. Implement this plan in a structured/controlled work environment. We will address targeted behaviors, attitudes and tolerances, as well as, any peripheral issues that could create barriers to successful employment. Review this information regularly with all the stakeholders and the program participant. Make sure all the program entities plans are coordinated and realizing the same results. Provision of counseling, education and training to the program participant and their supports will allow for a ?holistic? approach in this rehabilitative process.
- -Phase Two: The individual will be invited to move to this phase if they meet program requirements and stakeholder ?buy-in?. During this Phase the participant will focus on strengthening and improving their work behaviors and skills. They will be placed in a less restrictive work environment to determine their abilities to work more independently. They will be exposed to more vocational exploration and occupational skills development. They will also begin to engage in job seeking skills training. Job shadowing, enclave, ?work pods?, community work assessments will be utilized to enhance their understanding of occupational expectations and their vocational interests.
- -Phase Three: The individual will be invited to participate in this final phase if they have met the program requirement of Phase Two. This phase is designed to assist the participant in moving into employment at their highest level. In cooperation with other employment agencies and the Brevard Achievement Center?s, Employment Department locating appropriate employment will be the focus. Utilization of apprenticeships and/or On-the Job Training opportunities will be options in hope they will lead into employment.

Throughout this process a Team of rehabilitation and employment professionals will work together to help minimize and/or eliminate vocational barriers and allow for these individuals to enter into employment at their optimum level increasing the probably of sustained employment success.

Other focuses of this program will be to strengthen our community relationships and broaden our business relationships through the development of an Industry Advisory Council. This council will consist of local employers that are recruited to provide Brevard Achievement Center guidance in regards to; trends occurring within their industries, providing us with realistic employment expectations and standards within their particular industries, to assist us with networking with other employers within the industries and to provide technical assistance in designing ?work pods? in our center. This group will be asked to participate in formal quarterly meetings and provide advice and counsel on an as needed basis.

The ?work pods? will be designed around six occupational areas that have viable employment opportunities in our present economic environment; food service, housekeeping/laundry, custodial/Janitorial, grocery/ shelf stocking, manufacturing and light clerical.

The ?work pods? will be specific work areas that simulate the work environment, skills and processes found in each of the Industry Advisory Councils occupational areas. It is our intent to have these ?work pods? mirror the actual work environment, job expectations and standards found within these occupations.

# Positions and Wages:

Pro	jected Wage	e Position Title	Total Fringe
\$	36,000	(1)Program Manager	\$4,411
\$	35,302	(1) Client Coordinator	\$10,241
\$	58,749	(2) Teachers	\$19,209
\$ 2	27,000.0	(1) Employment Counselor	\$4,290
\$	11,440	Supervisor	\$2,190
\$	29,465	Supervisor	\$9,354

# Project Budget:

# -Expenses

Wages \$ 203,895

Benefits \$ 51,186 Computer Equipment \$ 5,400

Transportation \$ 572

Supplies \$ 36,000 Expenses Sub-Total \$ 297,053

OH & Indirect \$ 53,469 G&A \$ 37,584

Total Project Cost \$ 388,106 Local Fundraiser \$ 45,000

Total Request \$ 343,106

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: <u>45,000</u> Other: <u>0</u> 9. Is this a multi-year project requiring funding from the state for more than one year?  $\underline{\text{No}}$