



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1519

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Shake A Leg Miami utilizes the marine environment of Biscayne Bay to improve the health, education, and independence of children and adults with physical, developmental and economic challenges, in an inclusive community setting. This mission has fulfilled in partnership with the City of Miami since 1990. Shake A Leg is developing its existing, proven vocational program that prepares adults 18+ and veterans with disabilities for skilled jobs in the marine and hospitality industries. This vocational program will incorporate an innovation center with a purpose to develop devices and boats that improve the accessibility of water sports and the mobility for people with disabilities, creating new commercial products and entrepreneurial opportunities.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	506,100
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>506,100</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	506,100	39%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	270,000	21%
Other	513,000	40%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,289,100</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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?



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Yes

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

Paycheck Protection Program forgiven loan for \$208,328 to stabilize staffing and operations. U.S. Small Business Administration Disaster Assistance loan for \$500,000 to be repaid. Shake A Leg remains in full compliance with all requirements related to COVID-19 federal assistance.

## 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

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	5% total in administrative costs on a \$482,000 Operational Costs below.	24,100
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Vocational Program Manager, Manager Assistant, Shop Assistant, Marina Assistant, Hospitality Program & Event Operations, Reception Operations, Communications and Bookings.	56,500
Expense/Equipment/Travel/Supplies/Other	Boat Equipment Usage, Facilities Usage, Shop and Educational Program Supplies, Travel and Transportation, Insurance, Utilities.	312,500
Consultants/Contracted Services/Study	Specialists in Welding, Woodworking and Electrical. Shop Instructor, Marina Instructor, Sailing Instructor, Captain's License Instructor, Yacht Brokerage Instructor, and Catering Instructor. Career Readiness Specialist.	113,000
<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>506,100</b>

### 14. Program Performance



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

The specific purpose of the Shake A Leg Miami Marine & Hospitality Vocational Program is to administer a vocational training program that prepares adults 18+ and veterans with disabilities for skilled jobs in the marine and hospitality industries. This vocational program will incorporate an innovation center with a purpose to develop devices and boats that improve the accessibility of water sports and the mobility for people with disabilities, creating new commercial products and entrepreneurial opportunities. 50 to 100 disabled participants will enroll annually to combat the 80% unemployment rate among people with disabilities (US Bureau of Labor Statistics), support the regional marine and hospitality industries.

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

Shake A Leg is an accessible community boating center for 8,000 participants annually. This campus is a vocational facility that encompasses shop spaces, equipment, docks, boats, and experienced staff and volunteers serving the needs of people with disabilities. The vocational program provides hands-on coursework that builds skills for jobs in the marine and hospitality industries including career readiness resume-building, interviewing, and job placement.

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

Courses designed for participants with disabilities include boater education, maintenance & repair, shop operations, CNC operations, electronics, navigation, crew positions, marina operation, community center operations, R&D and fabrication, and brokerage. Hospitality includes catering, event & operations, communications, and training for captain's licenses and sailing certificates.

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

Adults age 18+ and veterans with disabilities from Miami-Dade, Broward and Monroe Counties. 100% of vocational program participants will be disabled, 75% will be low-to-moderate income. 50 to 100 participants will be enrolled in the vocational program annually.

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

According to FL Dept. of Economic Opportunity, hospitality and trade are in the top three industries with the highest vacancy rates. US Bureau of Labor Statistics reporting 2021 data: 80% of people with disabilities were unemployed. Miami Today, 9-10-19 "Skilled labor shortage may swamp marine industry"

<https://www.miamitodaynews.com/2019/09/10/skilled-labor-shortage-may-swamp-marine-industry/>

1. Improve the physical health of participants by building strength & endurance through outdoor & water-based activities.
2. Improve education for people with disabilities to advance their knowledge & skills applicable to the growing marine and hospitality industries.
3. Improve mental health of participants who build confidence, self-esteem, social & emotional health, problem-solving & communication skills.
4. Improve economic self sufficiency by providing highly skilled job training placement opportunities. Pre and post test surveys, class exams and course completion, instructor observati

**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?**

Shake A Leg Miami hereby agrees to deliver its Marine & Hospitality Vocational Program in accordance with an operational plan and performance measures as presented to the State of Florida. Penalties for failing to meet deliverables may include a halt on funding reimbursements by the State of Florida.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.



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#### 16. 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number