

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: MACtown's MACfit Wellness Center

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Emily Slosberg

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? Yes

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? 2016-17

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 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i> | | |
|--------------------|---|-------------------------------|---|--|--|--|
| | Column: | A | B | C | D | E |
| 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> | Additional Nonrecurring Request | TOTAL Nonrecurring Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i> |
| Input Amounts: | | 150,000 | 150,000 | | 175,000 | 175,000 |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Agency for Persons with Disabilities

6. Requester:

- a. Name: Violet Gonzalez
- b. Organization: MACtown, INC
- c. Email: violetg@mactown.org
- d. Phone #: (305)495-2686

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Clinton Bower
- b. Organization: MACtown, Inc.
- c. Email: clintb@mactown.org
- d. Phone #: (305)733-4915

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: MACtown, Inc - MACfit Wellness Center, Palm Beach County
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Palm Beach

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?

MACtown seeks to address the issue of sedentary lifestyles for individuals with intellectual and developmental disabilities, enhance their social opportunities, and encourage participation in physical activities to improve their overall health and social opportunities. Funding will be used for continued operations of a Health and Wellness Center to serve individuals with disabilities in Palm Beach County.

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

| Spending Category | Description | Nonrecurring (Should equal 4d, Col. F) 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 | Fitness Trainer/Specialized Instructor \$45,000.00 Instructor for Health, Wellness and Nutrition \$35,000.00 | 80,000 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Indoor Obstacle Course \$15,000.00 Classroom Conversion \$16,500.00 Lease, General Materials and Supplies \$46,204.00 Safety - First Aid/ Fire Extinguishers \$750.00 Phone/Internet \$950.00 Utilities/Waste Disposal \$14,500.00 | 95,000 |

| | | |
|---|-------------------------------|---------|
| | Security/First Aid \$1,096.00 | |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 175,000 |

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

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?

No

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

No

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all that applies)

| Benefit or Outcome | Provide a specific measure of the benefit or outcome | Describe the method for measuring level of benefit |
|---|--|---|
| <input checked="" type="checkbox"/> Improve physical health | Physical exercise has been known to reduce stress and increase self-worth, confidence, vitality and independence. | Data is collected on each participant measuring weight, BMI, BP, etc. At the beginning of each session and monthly thereafter. These services will be provided to approximately 40 ? 45 individuals with developmental and intellectual disabilities. |
| <input checked="" type="checkbox"/> Improve mental health | Learning about other cultures will enrich the lives of the people we serve. They will be able to try new foods from other countries, learn | Baseline data would be collected on targeted behavior for reduction prior to the start of exercise program and throughout the duration. Compare |

| | | |
|--|---|---|
| | different languages; they will discover new ways of dressing, singing and dancing while they are in the classroom and in the dance studio. | the baseline data with the treatment and note the difference. Also, a self-image survey would be conducted on each individual. |
| <input checked="" type="checkbox"/> Enrich cultural experience | Learning about other cultures will enrich the lives of the people we serve. They will be able to try new foods from other countries, learn different languages; they will discover new ways of dressing, singing and dancing while they are in the classroom and in the dance studio. | A pre-test will be administered at the outset of the program to determine the level of basic knowledge about nutrition facts, good eating habits and healthy food choices. Periodically simple tests will be given to measure the client's comprehension of the materials being covered and thereby allowing us to measure the progress of each client. The class will also expose them to alternative foods from other cultures that may provide healthy alternatives in their current diet. |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | An qualified teacher will educate the clients on health, wellness, nutrition and good eating habits. Our goal is to promote healthy living through education and hands on experience. | Data is collected on each participant measuring weight, BMI, BP, etc. At the beginning of each session and monthly thereafter. Improvements in these statistics should lead to improvements in the overall health and wellbeing of the clients allowing them to be more focused and receptive to the skills being taught in the classroom. This enhanced educational curriculum will benefit the clients by allowing them to reach their full potential. |

| | | |
|---|---|--|
| <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 type="checkbox"/> Increase or improve economic activity | | |
| <input type="checkbox"/> Increase tourism | | |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | People in the community will be hired for the positions needed in these educational and fitness programs that we will provide. | New hires are reported quarterly on our Form 941 with the state. |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | For those people in the community that do not have employment or want to work in this field - serving people with developmental disabilities, we will enhance their economic status and self sufficiency by hiring or offering them employment. Thus creating jobs! | File with state to show that we created new jobs. |
| <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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

| Type of Funding | Amount | Percent of Total (Automatically Calculates) | Are the other sources of funds guaranteed in writing? |
|--|----------------|--|---|
| 1. Amount Requested from the State in this Appropriations Project Request: | 175,000 | 100.0% | N/A |
| 2. Federal: | 0 | 0.0% | No |
| 3. State: (Excluding the requested Total Amount in #4d, Column F) | 0 | 0.0% | No |
| 4. Local: | 0 | 0.0% | No |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 175,000 | 100% | |

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

No