Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Association for Development of the Exceptional, Inc. - Geriatric Program for Seniors with Developmental Disabilities
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Emily Slosberg
   Members Copied: Joseph Abruzzo

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?
   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** **(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)**			Develop New Funds Request for FY **2017-18** **(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 .)**		
Column:	A	B	C	D	E	F
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)	**Additional Nonrecurring Request**	**TOTAL Nonrecurring Request** (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.)
Input Amounts:					150,000	150,000

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.   Department of Elder Affairs

6. Requester:
    a. Name: Helena Del Monte
    b. Organization: The Association for Development of the Exceptional, Inc.
    c. Email: hdelmonte@ademiami.org
    d. Phone #: (305)505-3238

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
    a. Name: Helena Del Monte
    b. Organization: The Association for Development of the Exceptional, Inc.
    c. Email: hdelmonte@ademiami.org
    d. Phone #: (305)505-3238

8. If there is a registered lobbyist, fill out the lobbyist information below.
    a. Name: Susan Goldstein
    b. Firm: Susan Goldstein Consulting, Inc.
    c. Email: skgoldstein@hotmail.com
    d. Phone #: (954)830-6300

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
    a. Name: The Association for Development of the Exceptional, Inc
    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?

ADE?s Culinary Academy offers Food Preparation, Baking, and Restaurant Maintenance Training to Adults Developmental Disabilities. The Program will have three Culinary Chef Instructors providing training in a kitchen environment mirroring that of South Florida?s finest gastronomic spots, build with HUD funds. It will include Recruitment, Skills Assessment, Culinary Training, and Employability skills training to a minimum of 40 consumers per year.

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:		
☑a. Executive Director/Project Head Salary and Benefits	CEO/Project Head-$2,000, COO-$1,500, Fiscal Department-$1,500, Program Manager-$2,000.	7,000
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	Social Services Coordinator $ 800.00 Geriatric Specialist $ 41,600.00 Assistant/Direct Care Staff (2 positions) $ 18,865 each employee Fica/Mica $ 6,221.75, Health Insurance $14,400	100,752
☑f. Expenses/Equipment/Travel/Supplies/Other	*Use of Space ($6000) * Recline Chairs (8 @ $250 = $2,000) * Recline	42,248

	Electric Chairs @ $750 = $1,500 * Hydraulic Lift $2,000 * dipper changing bed $500 * Exercise Equipment $ 6,000 * Special Flooring for Exercise Area $ 1,048.25 * Interactive Smart TV $ 3,000 * Misc. Supplies conducive of Health/Stimuli $ 1,000 * Transportation for the Senior Consumers through Metro Dade County Special Transportation Systems (STS) a supplemental charge of $3.50 per trips. ($3.50 X 2 trips per day X 15 consum	
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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?
    Yes

    15a. Please Describe:
        The best testament is the huge outcry from senior consumers with special needs and their families. The Agency for Persons with
        Disabilities and The Department of Elder Affairs also recognize the need to better serve the aging disabled adult population. They need

special attention because of their condition and it is best rendered by an agency as The Association for Development of the Exceptional which has 40 years experience working with the Developmentally Disabled population.

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

    16a. Please Describe:
    The Statistic can be procured from The Agency for Persons with Disabilities (APD) data base.   The consumers with disabilities who has reached the age of 55 or older at present has no alternative but to attend the academic and vocational training programs known as (ADT's) The department has realized that the model for providing senior care to special needs has to change and become a more physical health/motivational/stimuli than what the present programs have to offer.

17. Will the requested funds be used directly for services to citizens?
    <u>Yes</u>

    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
☑Improve physical health	To create an environment where the aging developmentally disabled population may congregate in a comfort, peaceful surroundings , while receiving proper physical and spiritual stimulation and personal care needs. Also filling their day with educational recreational activities promoting physical and mental health.	Each consumer will receive an Assessment upon enrollment. Thereafter a daily tracking of his/her overall condition will be collected onto a data sheet, which will also contain a weekly synopsis, as well a a monthly Progress Report. The progression/regression will be reported to the senior social service staff as per agency policy, with specific mandated reports if the consumer is projecting signs of degeneration or changes is status that may be of concern.
☑Improve mental health	A percentage of our consumers have dual diagnosis of mental health challenges. (i.e. hyperactivity, disorders etc.) The consumer's behaviors will diminished while attending the Culinary Training	A monthly report is kept on each consumer tracking their progress/outcomes. A quarterly summary report is kept to ensure continuity of benefit/progress/regression of

	Program.	assigned goal.
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		
☐Improve quality of education		
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual?s economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		
☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		

APR #: 1021

☐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:	150,000	85.7%	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:	25,000	14.3%	Yes
TOTAL	175,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
<u>Yes</u>

20a. How much state funding would be requested after 2017-18 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
- ○ 1-2M
- ○ >2-3M
- ○ >3-10M
- ○ >10M