## **Appropriations Project Request - Fiscal Year 2017-18**

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Youth and Family Alternatives ?Development of Affordable Housing for Persons with Developmental Disabilities

2. Date of Submission: 02/06/2017

3. House Member Sponsor: <u>Daniel Burgess</u> Members Copied: <u>Joseph Abruzzo</u>

#### 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:	(If app	Year Appropriat for FY 2016- ropriated in 2010 riated amount, e	6-17 enter the	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:	Α	В	С	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:					500,000	500,000

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 Children and Families

- 6. Requester:
  - a. Name: Mark Wickham
  - b. Organization: Youth and Family Alternatives, Inc.
  - c. Email: mwickham@yfainc.org
  - d. Phone #: (585)314-5830
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: Mark Wickham
  - b. Organization: Youth and Family Alternatives, Inc.
  - c. Email: mwickham@yfainc.org
  - d. Phone #: (585)314-5830
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: Ron Pierce
  - b. Firm: RSA Consulting Group, LLC
  - c. Email: ron@rsacpmsultinggroupllc.com
  - d. Phone #: (813)777-5578
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
  - a. Name: Youth and Family Alternatives, Inc
  - b. County (County where funds are to be expended): Pasco
  - c. Service Area (Counties being served by the service(s) provided with funding): Pasco
- 10. What type of organization is the entity that will receive the funds? (Select one)
  - O For Profit

  - O Non Profit 501(c) (4)
  - O Local Government

0	Univer	sity or (	College
0	Other	(Please	describe

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

To build the first phase of affordable housing for special needs and developmentally disabled supportive living. This will be a 6 unit eight-person affordable housing development for persons with developmental and intellectual disabilities in partnership with Florida Housing and Finance Corporation.

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		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
□e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Contractor price residential, site work, general contractor work, contingency, FHFC inspections, inspections, impact fees	500,000

TOTAL	500,000
Fixed Capital Outlay? was not selected, question 13 is not ap OFor Profit  ONon Profit 501(c) (3)  ONon Profit 501(c) (4)  OLocal Government (e.g., police, fire or local government)	
14. Is the project request an information technology project $\underline{\text{No}}$	?
15. Is there any documented show of support for the requestorganizational backing, or other expressions of support?  Yes	sted project in the community including public hearings, letters of support, major
15a. Please Describe: Florida Housing and Finance Corporation has issued developmental and intellectual disabilities in Pasco (	d an RFA for the proposed six units eight person developmental for persons with County.
16. Has the need for the funds been documented by a study Yes	, completed by an independent 3rd party, for the area to be served?
16a. Please Describe: Market Study Completed in February 2016	
17. Will the requested funds be used directly for services to $\underline{\text{Yes}}$	citizens?
17a. Describe the target population to be served. Select ☐ Elderly persons ☐ Persons with poor mental health	t all that apply to the target population:
	Page 4 of 7

	□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)
1	71. How was not in the toward manufaction and associated to be sounded.
L	.7b. How many in the target population are expected to be served? • ◆ < 25
	O25-50
	O51-100
	O101-200
	O201-400
	O401-800 O>800
	\ /20UU

# 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	Provide specialized housing for the developmentally disabled.	Patient's medical progress while living onsite
☑Improve mental health	Provide specialized housing for the developmentally disabled.	Patient's medical progress while living onsite

□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	Specialized community to help the developmentally disabled	Residents will have needs onsite, therefore decreasing traffic.
☑Increase or improve economic activity	Population serviced by the community come from low-income backgrounds	Needs of housing residents will result in increase in localized spending
□Increase tourism		
☑Create specific immediate job opportunities	Staff necessary to help residents	Number of people hired to work at the community.
☑Enhance specific individual?s economic self sufficiency	Care ensures that the developmentally disabled have needs addressed.	Economic vitality of residents in the community.
☑Reduce recidivism	Specialized care ensures that the developmentally disabled have needs addressed.	Reduction in number of developmentally disabled within the criminal justice system
☑Reduce substance abuse	Specialized care ensures that the developmentally disabled have needs addressed	Reduction in number of developmentally disabled within the criminal justice system
□Divert from Criminal/Juvenile justice system		

□Improve wastewater management	
□Improve stormwater management	
□Improve groundwater quality	
□Improve drinking water quality	
□Improve surface water quality	
□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?
Amount Requested from the State in this Appropriations     Project Request:	500,000	33.3%	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:	324,463	21.6%	No
5. Other:	675,000	45.0%	No
TOTAL	1,499,463	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?  $\underline{\text{No}}$