Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Allocation for Rural Community Transportation Coordinators

2. Date of Submission: <u>02/07/2017</u>

3. House Member Sponsor: Bobby Payne

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 (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: | 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: | | 2,300,000 | 2,300,000 | | 2,300,000 | 2,300,000 |

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 Transportation

- 6. Requester:
 - a. Name: Boyd Thompson
 - b. Organization: Ride Solution, Inc. on behalf of all rural community trasportation coordinators
 - c. Email: boyd@theridesolution.org
 - d. Phone #: (386)325-9999
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: **Boyd Thompson**
 - b. Organization: Ride Solution, Inc. on behalf of all rural community trasportation coordinators
 - c. Email: boyd@theridesolution.org
 - d. Phone #: (386)325-9999
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: James McFaddin
 - b. Firm: Southern Strategy Group
 - c. Email: mcfaddin@sostrategy.com
 - d. Phone #: <u>(850)671-4401</u>
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: rural community trasportation coordinators across the state
 - b. County (County where funds are to be expended): Statewide
 - c. Service Area (Counties being served by the service(s) provided with funding): Statewide
- 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 | University or College | |
|---|------------------------|---|
| 0 | Other (Please describe | • |

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

ince the advent of Medicaid managed care, it has become even more difficult for rural community transportation coordinators to provide accessible transportation to non-Medicaid transportation disadvantaged citizens. These funds are to be used to help ensure the continued availability of transportation services for persons with disabilities, older adults, and people with low income so they may access health care, employment, education and other life-sustaining activities.

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 | Funds are to be used to provide transportation services for persons with disabilities, older adults, and people with low income so they may access health care, employment, education and other life-sustaining activities. | 2,300,000 |

| □g. Consultants/Contracted Services/Study | |
|---|-----------|
| Fixed Capital Construction/Major Renovation: | |
| □h. Construction/Renovation/Land/Planning Engineering | |
| TOTAL | 2,300,000 |

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? Yes
 - 16a. Please Describe:

In Jan. 2014, the Univ. of S. FL Center for Urban Transportation Research published the study "Unmet and Latent Demand for Transportation Disadvantaged Services", prepared for Florida Commission for Transportation Disadvantaged. The study concluded 37% of FL was Transportation Disadvantaged (TD) and within that group there existed a "Critical Need" group of elderly, disabled, and low income citizens, making up 4% of Florida's population. Of this group, 58% of "Critical Need" trips are unmet.

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): The targeted population includes most of the above categories, as all of these groups could be consi |
| 1 | 17b. How many in the target population are expected to be served? |
| | O< 25 |
| | O25-50 |
| | O51-100 |
| | O101-200 |
| | O201-400 |
| | O401-800 |
| | ② >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 | Utilizers of more accessible transportation disadvantaged service would have increased access to medical appointments, pharmacy, etc. | Reduced missed medical appointments and greater health care compliance and prescription drug compliance. |
| ☑Improve mental health | Utilizers of more accessible transportation disadvantaged | Reduced missed mental health appointments and greater health care |

| | services would have increased access to mental health related appointments. | compliance and prescription drug compliance. |
|---|---|---|
| □Enrich cultural experience | | |
| □Improve agricultural production/promotion/education | | |
| ☑Improve quality of education | Utilizers of more accessible transportation disadvantaged services would have increased access to educational opportunities. | Increased opportunities to attend educational opportunities such as community college in a nearby urban area. Rides can be surveyed. |
| □Enhance/preserve/improve environmental or fish and wildlife quality | | |
| □Protect the general public from harm (environmental, criminal, etc.) | | |
| ☑Improve transportation conditions | Utilizers of more accessible transportation disadvantaged services would see increased transportation options in rural communities, which are currently inadequate in much of rural Florida, especially for the transportation disadvantaged. | Increased transportation access, increased ridership, decreased missed health and mental health appointments. |
| □Increase or improve economic activity | | |
| □Increase tourism | | |
| ☑Create specific immediate job opportunities | Utilizers of more accessible transportation disadvantaged services may do so for employment that they otherwise would not have access to. | Increased employment can be measured due to the access to employment opportunities that the transportation disadvantaged in rural areas may not otherwise have. |

| ☑Enhance specific individual?s economic self sufficiency | The creation and preservation of more accessible transportation disadvantaged services for persons residing in rural communities will allow such persons to commute for health care, employment, education, shopping and other life-sustaining purposes which they otherwise would not have access to. | Increased access to health care, employment, education, shopping and other life-sustaining activities which they otherwise would not have access to. |
|--|--|--|
| □Reduce recidivism | | |
| ☑Reduce substance abuse | Utilizers of more accessible transportation disadvantaged services would have increased access to substance abuse related appointments. | Reduced missed substance abuse related appointments and greater health care compliance and prescription drug compliance. |
| □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 | Are the other sources of |
| | | (Automatically Calculates) | funds guaranteed in |
| | | | writing? |
| | | | _ |

| 1. Amount Requested from the State in this Appropriations | 2,300,000 | 100.0% | N/A |
|---|-----------|--------|-----|
| Project Request: | | | |
| 2. Federal: | 0 | 0.0% | No |
| 2. i ederal. | O | 0.070 | INO |
| 3. State: (Excluding the requested Total Amount in #4d, | 0 | 0.0% | No |
| Column F) | | | |
| 4. Local: | 0 | 0.0% | No |
| 1. 20041. | | 0.070 | 140 |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 2,300,000 | 100% | |
| TOTAL | 2,300,000 | 100 /0 | |

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