

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Easter Seals Florida, Inc. ? Life, Employment and Community Skills (LEC) Program

2. Date of Submission: 01/26/2017

3. House Member Sponsor: Randy Fine

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:	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:		50,000	50,000		50,000	50,000

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: Suzanne Caporina
- b. Organization: Easter Seals of Florida, Inc.
- c. Email: scaporina@fl.easterseals.com
- d. Phone #: (407)629-7881

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

- a. Name: Suzanne Caporina
- b. Organization: Easter Seals of Florida, Inc.
- c. Email: scaporina@fl.easterseals.com
- d. Phone #: (407)629-7881

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

- a. Name: Bob Asztalos
- b. Firm: Asztalos & Associates, LLC
- c. Email: aaass@comcast.netociates
- d. Phone #: (850)284-1166

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

- a. Name: Easter Seals of Florida, Inc.
- b. County (County where funds are to be expended): Brevard
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Indian River

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?

Easter Seals Florida's Life, Employment and Community Skills (LEC) Program will provide education and training to individuals with disabilities and special needs. The LEC Program goal is to prepare our students to enter the workforce and live as independently as possible within their communities. Multi-sensory teaching materials, technology and functional curriculum will be utilized by an experienced, exceptional education teacher.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Center Director - 8% for supervision of teacher/subs and quality assurance of program.	4,622
<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	Teacher and substitutes for teacher vacation, planning and educational workshops.	32,158
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office/program general supplies; student learning and educational supplies and classroom equipment; expenses for community outings, including transportation and	13,220

	entrance/exhibit fees; occupancy space and utilities.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		50,000

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:

Over the past year, students severed or entering into the program (approximately 62) request and express support of the LEC program through their documented individualized support plan. Each student compiles a team of professionals and family supports to help develop their individualized plan. This support team is made up of the student themselves, caregivers, parents, waiver support coordinators, and supported living coaches. All files with dates are on file and current within one year.

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	Health/Safety & Wellness ? proper nutrition, eating healthy, physical & mental activity are part of the life skills training provided in the LEC	Measuring tools will include task analysis data, work samples, written tests, oral performance, teacher-made tests, observation, surveys, computer software/iPads

	program	activities/applications/assessments and role play Ongoing data collection and quarterly reports will capture goals achieved
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Community Outings will include areas to enrich students cultural experience (e.g. - cultural day, different ethnic foods, dress, exhibits). Provide training, instruction and skill practice per students? program goal(s) through planned small-group outings in the community: ? Cultural experiences ? Volunteering, community service ? Using public transportation ? Participation in off-site classes: computer, cash handling, cooking	Measuring tools will include task analysis data, work samples, written tests, oral performance, teacher-made tests, observation, surveys computer/iPads activities/applications and role play, participation in, etc. Outing destinations and length, participants? names, pictures/videos and successes and/or challenges (e.g. accessibility) will also be documented. Ongoing data collection and quarterly reports will capture goals achieved
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Expand students knowledge in Life, Employment and Community Skills by providing training classes in these areas.	Measuring tools will include task analysis data, work samples, written tests, oral performance, teacher-made tests, observation, surveys computer/iPads activities/applications and role play Outing destinations and length, participants? names, pictures/videos and successes and/or challenges (e.g. accessibility) will also be documented Ongoing data collection and quarterly reports will capture goals achieved

<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 checked="" type="checkbox"/> Increase or improve economic activity	<p>? Basic pre-employment skills (e.g. appropriate workplace dress and behavior, punctuality and attendance, ?meet and greet? techniques) ?</p> <p>Creating ?career profiles? ?</p> <p>Completing job applications and writing resumes ? Computer use ?</p> <p>touchscreens, iPads and assistive technology ? Computer basics</p> <p>?typing, internet use, data entry/processing; online job search and applications ? Basic interviewing techniques and role play</p>	<p>Measuring tools will include task analysis data, work samples, written tests, oral performance, teacher-made tests, observation, surveys, computer software, iPads</p> <p>activities/applications/assess-ments and role play Ongoing data collection and quarterly reports will capture goals achieved</p>
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual?s economic self sufficiency		
<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:	50,000	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	50,000	100%	

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

Yes

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