

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: JARC Transition Pre-Employment Training Program

2. Date of Submission: 01/24/2017

3. House Member Sponsor: Bill Hager

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:		180,000	180,000		204,746	204,746

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 Economic Opportunity

6. Requester:

- a. Name: Nancy Freiwald
- b. Organization: JARC Florida
- c. Email: nancyf@jarcfl.org
- d. Phone #: (561)558-2557

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

- a. Name: Nancy Freiwald
- b. Organization: JARC Florida
- c. Email: nancyf@jarcfl.org
- d. Phone #: (561)558-2557

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: JARC Florida
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, 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?

Continued employment opportunities for adults with Autism and intellectual disabilities.

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	Salaries for Job Coaches to provide on the job training to participants. Salaries for participants of on the job training.	195,896
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel expenses to and from the work sites. Background screenings Marketing Office supplies	8,850
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		204,746

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:

Letters of support from our business partners

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	Increase in physical activity for persons with disabilities	We will measure the number of medical appointments.
<input checked="" type="checkbox"/> Improve mental health	Improved self-esteem through community employment and a sense of purpose	We will measure the benefit through a wellness survey pre and post participation in the program
<input checked="" type="checkbox"/> Enrich cultural experience	Through increased community integration for persons with disabilities.	We will measure the number of participants and the number of opportunities for community integration
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	We will partner with restaurants that utilize a farm to table concept.	We will measure the number of participants involved with farm to table restaurants.

<input checked="" type="checkbox"/> Improve quality of education	Through classes that teach persons with disabilities how to build a resume and how to complete a job application.	We will measure the success of the education through pre and post participation evaluations.
<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	Persons with disabilities will become employed in our local community.	We will measure the number of hours worked and the salaries paid.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	We will create paid internship with local businesses.	We will measure the number of community business partners and the number of participants in the internship program.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Persons with disabilities who are dependent on public subsidies will now have a viable income source.	We will measure the salaries paid to participants.
<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:	204,746	91.1%	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:	20,000	8.9%	Yes
TOTAL	224,746	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