

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Our Pride Academy, Inc.

2. Date of Submission: 02/03/2017

3. House Member Sponsor: Jose Diaz

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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> <i>(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.)</i>
Input Amounts:		1,200,000	1,200,000		1,200,000	1,200,000

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: Cristina Cartaya
- b. Organization: Our Pride Academy, Inc. OPA Works
- c. Email: ccartaya@ourprideacademy.org
- d. Phone #: (305)271-2678

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

- a. Name: Cristina Cartaya
- b. Organization: Our Pride Academy, Inc. OPA Works
- c. Email: ccartaya@ourprideacademy.org
- d. Phone #: (305)271-2678

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

- a. Name: Alex Villalobos
- b. Firm: Florida Legislative Research, LLC
- c. Email: avillalobos@meyerbrookslaw.com
- d. Phone #: (786)564-1104

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

- a. Name: Our Pride Academy, 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): Broward, Miami-Dade, Monroe

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?

Our Pride Academy, Inc. OPA Works Program has designed a work program that provide situations and experience to help program participants learn skills, gain confidence, build self-esteem and develop good work habits and attitudes to help them become employable. Some of the innovative features of our programs include: Customized employment opportunities, work experiences, and transition planning for each student/client, driven by their interests, support needs, strengths, and contributions

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	Director will oversee and train individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model.	63,528
<input checked="" type="checkbox"/> b. Other Salary and Benefits	CEO 30% admin, 7 managers will train individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model. Indirect costs (10% for operating administrative overhead)	410,774

<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Rent (12,500 sq.ft. class A bldg. @\$20.00) Office supplies Payroll taxes admin	276,823
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Budget consultant Accounting services Audit services	25,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Bookkeeper 30% program, Community/Event coordinator 30% program., building maintenance 10% program, 7 job coaches will train individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model.	187,698
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Two 15 passenger vans to transport clients to and from jobs, start-up costs for the various programs. Program supplies Payroll taxes program Liability/property insurance Workman?s compensation Auto insurance Auto maintenance/gas License/taxes Postage Dues/subscriptions Telephone Printing Advertising Marketing Building maintenance Alarm monitoring Additional educational program Utilities	231,177
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Web designer for program	5,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,200,000

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:

This program has been supported by various agencies and foundations in Miami Dade County. Work for America, a non-profit organization working towards the employment of individuals with developmental and intellectual disabilities has been a monetary supporter. UM-CARD (UM ? Center for Autism and Related Disabilities) has supported the program by sending licensed therapists to work with individual clients. Florida International University sends students to mentor in the work program as well as

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:

From the Office of the Governor Executive Order Number 13-284 and Executive Order Number 11-161 reaffirms the commitment to employment for Floridians with disabilities.

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): individuals with autism and related disorders

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	By using physical activity to get out of the house and working.	Regular attendance. Mobility, weight control
<input checked="" type="checkbox"/> Improve mental health	Using their cognitive abilities to learn skills and increase self-esteem.	Regular attendance and performance reviews.

<input checked="" type="checkbox"/> Enrich cultural experience	Going into the community.	Sales and distribution
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Continued education in all functional skills.	Academic curriculum
<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	Becoming wage earners	Competitive employment (Publix) and/or self-employment.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Small business models: OPA Candles & Such OPA Suds OPA Bistro	Sales, contract work, competitive employment
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Community based employment and/or self-employment opportunities.	Contributing to the tax base and reduce reliance on public funds.
<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:	1,200,000	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
<b>TOTAL</b>	<b>1,200,000</b>	<b>100%</b>	

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

No