

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: North Florida School of Special Education Expansion Project

2. Date of Submission: 02/07/2017

3. House Member Sponsor: W. Cummings

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? Yes

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:		2,000,000	2,000,000		2,000,000	2,000,000

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 Education

6. Requester:

- a. Name: Sally Hazelip, Head of School
- b. Organization: North Florida School of Special Education
- c. Email: shazelip@northfloridaschool.org
- d. Phone #: (904)724-8323

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

- a. Name: Sally Hazelip, Head of School
- b. Organization: North Florida School of Special Education
- c. Email: shazelip@northfloridaschool.org
- d. Phone #: (904)724-8323

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

- a. Name: Joe Mobley
- b. Firm: The Fiorentino Group
- c. Email: jmobley@the fiorentino.com
- d. Phone #: (904)866-3122

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

- a. Name: North Florida School of Special Education
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Clay, Duval, Flagler, Nassau, Saint Johns

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?

It is a fixed capital outlay for school expansion that will allow the school to expand its services not only to additional students but to others who live in the 5 county area with special needs.

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 type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Building to house school and aftercare programs for mentally and physically disabled children in the 5 county region.	2,000,000

TOTAL		2,000,000
-------	--	-----------

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)

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- ☐ State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- ☐ Other (Please describe)

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 community members and philanthropists.

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): Provide services to students ages 18-22 in the transition age group & 22+ in the post -grad program.

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	Students will receive additional, intense physical therapy, PE Classes and equine therapy	Appropriate pre and post testing will be administered to all students as well as those participants from the community.
<input checked="" type="checkbox"/> Improve mental health	Students will have the opportunity to participate in group counseling sessions led by a trained mental health counselor during school hours and after school sessions will be	The school will provide appropriate pre- and post testing to all participants. Teacher and administration observations will be

	available.	recorded.
<input checked="" type="checkbox"/> Enrich cultural experience	Various cultural experiences will be provided to enhance the participants understanding and acceptance of all cultures and differences.	There will be 6 different cultural awareness activities for students and community participants.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Berry Good Farms, the school's on campus urban farm will continue to expand it's services into the community. Berry Good Farms food truck will deliver fresh produce to NE Florida Food Deserts.	NFSSE's Berry Good Farms accepts the EBT, fresh access bucks and will continue to expand into the community
<input checked="" type="checkbox"/> Improve quality of education	Through the achievement of academic, social and vocational training, NFSSE will continue to be the leader in providing children and young adults with intellectual disabilities.	ULS, the research-based curriculum will be administered which include pre and post testing.
<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	In addition to our student's vocational and job placement program, parents of our transition and post-grad students are able have gainful employment while their older student attends NFSSE.	A survey is done annually by all transition and post-grad families
<input type="checkbox"/> Increase tourism		

<input checked="" type="checkbox"/> Create specific immediate job opportunities	NFSSE's expansion project will create additional job opportunities for transition and post grad students. Teachers, therapists and para professionals will be hired to support this expansion.	Employment will increase.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	With the gainful employment of our transition and post-grad students, their independence and self-sufficiency will increase.	The number of employed students.
<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:	2,000,000	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:	0	0.0%	No
5. Other:	4,000,000	66.7%	Yes
TOTAL	6,000,000	100%	

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

No