

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Removing the Barriers Initiative - Stirring the Waters, Aquatic Services for the Developmentally Disabled

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Ben Albritton

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <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:					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. Agency for Persons with Disabilities

6. Requester:

- a. Name: Bill Redmond
- b. Organization: Removing the Barriers Initiative, Inc.
- c. Email: bill@removingthebarriers.com
- d. Phone #: (863)632-1924

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

- a. Name: Bill Redmond
- b. Organization: Removing the Barriers Initiative, Inc.
- c. Email: bill@removingthebarriers.com
- d. Phone #: (863)632-1924

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: Removing the Barriers Initiative, Inc.
- b. County (County where funds are to be expended): Polk
- 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)

- 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?

1. To improve the quality of life for people with disabilities by providing a place where they can safely and appropriately experience an enjoyable aquatic experience that can include the whole family or friends. One that can be fully experienced even by a person who is quadriplegic.
2. To provide a unique form of physical and emotional therapy that encourages the patient to go to the limits of their ability. Deigned with therapists and aquatic professionals on the team.

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	It will provide for partial compensation to the professional who is creating and developing the program.	75,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	An Administrative Assistant and an Intern.	44,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel to network various organizations who serve people with disabilities, to raise funds and awareness, to attend meetings and conferences, and to generally coordinate the process.	6,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	To contract for services in creating the appropriate organizational infrastructure, legal standing, and needed studies.	75,000

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	To cover partial Phase 1 costs associated with landscape, aquatic and building design; surveying, civil aquatic engineering, infrastructure of roads, retaining walls, fences, water, sewer, storm water, and fire protection; and construction management.	1,800,000
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 elected officials - Representatives Ben Albritton and Mike La Rosa, Mayor Eugene Fultz, and Heather Taylor, Ms Wheelchair Florida 2016. Lake Aurora Christian Assembly Inc. and it's network of over 100 Independent Churches, Special Touch Ministries, Florida Disabled Outdoors Association

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:

Study 1 by the Health Science Department at Polk State College (2012). Study 2 by Webber International University MBA Department in the form of a major study and presentation (2016-17)

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): Injured Veteran, Families living with disabilities

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	Using an enjoyable experience to motivate a patient to exercise, stretch and build stamina in a safe setting.	Physical, Occupational, and Aquatic Therapists will operate programs and file reports.
<input checked="" type="checkbox"/> Improve mental health	Helping those who are typically left out of the mainstream of community activities to realize they have a place. It will build self esteem, self confidence, better social skills, and a better outlook on life, thus likely prolonging life.	Programs will be run by mental health professionals and Certified Speech Therapists who will file reports.
<input checked="" type="checkbox"/> Enrich cultural experience	Art and music will be a part of the intentional design and program, particularly when it involves self expression.	Programs will be set up by professionals within each particular art field, activities will be monitored and records will be kept
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	It will improve the quality of education for those who are in the field of mental and physical health by creating partnerships with teaching	Courses will be offered by recognized colleges, universities, and mental and physical health provider training

	institutions	institutions.
<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	Families with disabilities traveling into the area will need lodging, food, gas and other services. It may well become a center of aquatic therapy and a magnet for everything connected to that industry.	Participation/Attendance records will be kept. We will work with the local Chamber of Commerce and Economic Development Council to monitor the results.
<input checked="" type="checkbox"/> Increase tourism	We will have the potential to serve 1,000 families living with disabilities each week. If we hold those families one more day in Central Florida we will impact the hotel and restaurant business by over \$15 million annually,	We will track participant data with a registration process, with surveys and arrangements with hotels and restaurants.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	It will create construction jobs in the construction phase. It will employ 25 or more part time lifeguards. It will provide jobs in the health care field for those providing therapeutic services.	Employment records will be kept.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	We anticipate auxiliary programs to develop which provide employment for people with disabilities who have had their self worth increased by involvement in the Stirring Waters	These auxiliary programs will be self evident and maintain records that track the improvement in the lives of their participants.

	experience.	
<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	25.0%	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:	4,000,000	50.0%	No
5. Other:	2,000,000	25.0%	No
TOTAL	8,000,000	100%	

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

No