

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Inclusive Transition and Employment Management (ITEM) Program

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:	750,000		750,000	750,000	750,000	1,500,000

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: Mary Partin
- b. Organization: The Dan Marino Foundation inc.
- c. Email: mpartin@danmarinofoundation.org
- d. Phone #: (954)368-6013

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

- a. Name: Mary Partin
- b. Organization: The Dan Marino Foundation inc.
- c. Email: mpartin@danmarinofoundation.org
- d. Phone #: (954)368-6013

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

- a. Name: Susan Goldstein
- b. Firm: Susan Goldstein Consulting, Inc.
- c. Email: susan@sglobby.com
- d. Phone #: (954)830-6300

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

- a. Name: The Dan Marino Foundation inc.
- b. County (County where funds are to be expended): Broward, Miami-Dade
- 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?

Certification program, licensed by DOE Commission for Independent Education, to promote jobs and employment opportunities for 16-28 year olds with developmental and intellectual disabilities. ITEM at Marino Campus sites offer greater access to competitive employment, internship experiences with placement and job coaching. Outcome of 65% employment upon completion.

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	Academic Coordinator	67,600
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Staff Accountant- 15%	7,400
<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	Campus Director (2), Lead Instructor (2), Instructors (5), Career Management Educator (2), Behavior Specialist (2), Student Admissions Specialist (1), Job Coaches + Payroll Taxes and Employee Benefits	1,346,186
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Mileage, Staff Training, Security Screening, Certification Requirements, Membership Dues	72,414

	and Academic Cost	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Fitness Instructor	6,400
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

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:

Public hearings in Broward (12/20/2016) and Miami-Dade (1/31/2017). Letters of Support- Florida International University, Miami-Dade and Broward County School Districts.,University of Southern California Institute of Creative Technologies, Google and ABLE Trust.

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:

Federal & University studies; US Department of Education- Transition of Students with Disabilities to Post Secondary Education, Vanderbilt University- Preparing Students with Disabilities for School to Work Transition Post School Life, Princeton University- Transition...

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): (Vulnerable populations that otherwise would not be in the job market)

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	Through provided health and wellness curriculum and fitness activities, participants will improve awareness of healthy life style choices and increase their stamina	Pre/post fitness and nutrition assessments

	through exercise.	
<input checked="" type="checkbox"/> Improve mental health	Through health and social skills, employability skills and interview training, participants will improve the degree to which they believe they have the ability to successfully gain employment and live independently.	Pre/post self-efficacy survey
<input checked="" type="checkbox"/> Enrich cultural experience	Participation in arts, music and theater, collaboration with museums, theater and art community.	Participation in arts, music and theater, collaboration with museums, theater and art community.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	90% of participants will successfully complete courses to earn program diploma. 90% of participants will take certification exams and earn nationally recognized industry certifications, 75% of participants will earn multiple industry certifications in their program field of study.	90% of participants will successfully complete the program (based on number of participants earning a diploma). 90% percent of participants will earn at least one industry certification, 75% will earn more than one industry certification.
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Program creates one job opportunity (staff to provide services), for every	Payroll Records

	four participants	
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	The goal for all participants completing the program is employment. Although adults with autism and other development disabilities have a 20% participation rate in employment, more than 60% of participants in the ITEM program will be employed within 6 months of graduation	Participant employment is tracked and a report submitted to the DOE Commission on Independent Education annually. Job coaching records, tracking support on the job at time of initial employment and there after quarterly for twelve (12) months of sustained employment
<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 checked="" type="checkbox"/> Other (Please describe): Improve earning potential/ Independence	Less than 10% of participants entering the program have held a job. Upon completion of the program, greater than 60% of participants will be employed. Upon entering program less than 10% of participants believe they can live independently, upon completion of the program more than 75% of participants will respond positively that they are able to work	other

	and live independently.	
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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:	1,500,000	58.0%	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:	1,086,547	42.0%	Yes
<b>TOTAL</b>	<b>2,586,547</b>	<b>100%</b>	

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