

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Village South Wellness Center

2. Date of Submission: 11/10/2017

3. House Member Sponsor: Nicholas Duran

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, Col. E

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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					211,324	211,324

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

N/A

6. Requester:

- a. Name: Frank Rabbito
- b. Organization: The Village South, Inc
- c. Email: Frank.Rabbito@westcare.com
- d. Phone #: (305)573-3784

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Alex Martinez
- b. Organization: The Village South Inc.
- c. Email: alex.martinez@westcare.com
- d. Phone #: (305)573-3784

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Jose Bermudez
- b. Firm: Becker & PoliaKoff
- c. Email: jbermendez@bplegal.com
- d. Phone #: (305)260-1018

9. Organization or Name of entity receiving funds:

- a. Name: The Village South, 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): Miami-Dade

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?

We will be serving a population of Substance Abusing consumers and veterans pre and post discharge from residential and/or OP treatment. We will provide services such as; meditation therapy, Wellness Groups, Yoga, HIV/AIDS support groups, 12 step meetings, health & nutrition, peer, social and recovery support and computer & Internet services to help with vocational training and job search.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) 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	We are requesting a full time wellness coordinator in order to facilitate and schedule activities, groups, therapy and routines. One full time recreation health technician in order to drive, monitor, drug test and report. One part time vocational counselor, in order to train computer and typing skills for resume and aid in job search. Fringe Benefits will cover health insurance, dental insurance, 401K, unemployment tax and FICA at 23%.	89,682

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	We are requesting office supplies for 3 staff use. We are requesting gym equipment : such as exercise bikes, treadmills, elliptical machines, leg press machine and dumb bell rack. We are requesting computers, workstations and chairs for client computer/vocation room. We are requesting phones and storage cabinets for staff use. Only requesting this moneys for first year. We are also requesting 10% of indirect costs to the company for the use of admin staff such as IT, Accounting, evaluation.	109,162
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	We are contracting a meditation therapist in order to properly train meditation techniques. We are contracting a nutritionist in order to teach and promote healthy eating habits and foods.	12,480
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		211,324

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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?

No

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. What are the activities and services that will be provided to meet the purpose of the funds?

YOGA, Meditation, developing self-esteem, relaxation techniques, therapeutic stretching, team building, calisthenics workouts

17b. Describe the direct services to be provided to the citizens by the funding requested.

Prevention and education of substance abuse, 12 step meetings and groups, drug testing, HIV testing, STD testing, exercises of mind and body.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
☐General (The majority of the funds will benefit no specific group)
☒Other (Please describe): PLWHA (People Living With HIV/AIDS)

17d. 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 each Benefit/Outcome 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	Condition/process- specific measurement is to introduce and teach our patients to achieve better choices of health outcomes. We also report process measures to help us understand the methods of health care delivery and how these methods conform to current evidence.	We define and report disability/diagnosis/diseases - specific health outcomes including assessments, physical functioning and health-related quality of life. These measures tell us how the citizens are doing and whether they are getting better and achieving their full health potential.
<input checked="" type="checkbox"/> Improve mental health	Number participating in MH groups	Number participating
<input checked="" type="checkbox"/> Enrich cultural experience	Number participating in cultural relat4d activities	Number participating
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		

<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 type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Number participating in Vocational related services.	Number of participants
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Consumers will participate in SA services including but not limited to: 12 step support meeting, individual/group therapy, meditation therapy and drug testing.	Report on number in recovery from Substance Use
<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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	211,324	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
TOTAL	211,324	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 2018-19 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

☐ 1-3M

☐ >3-10M

☐ >10M