

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: ADE, Inc - Construction to Expand Services to Adults with Intellectual and Developmental Disabilities

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Evan Jenne

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:					625,000	625,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes

5a. If yes, which state agency? Agency for Persons with Disabilities

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

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.

The contract should be a cost reimbursable contract, with a percentage penalty if deadline is not met.

6. Requester:

- a. Name: Helena Del Monte
- b. Organization: ADE, Inc.
- c. Email: hdelmonte@ademiami.org
- d. Phone #: (305)505-3238

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

- a. Name: Helena Del Monte
- b. Organization: ADE, Inc.
- c. Email: hdelmonte@ademiami.org
- d. Phone #: (305)505-3238

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

- a. Name: Susan K.
- b. Firm: Susan Goldstein Consultants, Inc.
- c. Email: skgoldstein@hotmail.com
- d. Phone #: (954)830-6300

9. Organization or Name of entity receiving funds:

- a. Name: ADE, 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?

Culinary Program/Baking/Restaurant Maintenance/Employability Skills Training, providing adults with disabilities a path of future employment in respective fields. Geriatric Program meeting the needs of our seniors with Developmental Disabilities, ambiance conducive of the special comforts and stimuli that the senior population demands. Will be used as a regional emergency shelter for the severely developmental and intellectually disabled population.

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 type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Generator	125,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Developing a Warehouse area (5,779 sq.ft.) into a multi classroom, bathrooms and offices. The Use will be to provide Adult Day Training Services to Adults with Developmental, Intellectual, and	500,000

	Physical Disabilities	
TOTAL		625,000

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)

- ☐ 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:

ADE, Inc. is expanding to the Doral Area of Miami Dade County. We have met with The Agency for Persons with Disabilities locally, as well as with hundreds of consumers with Developmental Disabilities that have voiced the need for programming in the area of the County. We are leveraging funds towards this project. ADE has contributed approximately \$800,000 towards the cost of the property. As well ADE has afforded all the soft cost for the project.

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:

Yes, the Doral Area has been recorded as the fastest growing area in Miami Dade County. As stated above the Southern Region of The Agency for Persons with Disabilities also recognizes the need for more services for their clientele in this area of the County.

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?

This construction within an existing space will allow 80 consumers with Developmental Disabilities to receive programming in Academic and Vocational Training in multiple fields, providing them a meaningful day activity with a design path towards the job placement. The design will create 9 Classrooms, offices, and handicap bathrooms, approximately 8,000 sq. ft. of construction.

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

The Consumers with Intellectual and Developmental Disabilities enrolled in our facility in this future space will receive, Life Skills Training, Vocational Skills, Employability Skills training, and Supported Employment, Monday thru Friday, 8:30 am to 2:30 pm, to a minimum of 80 consumers per year.

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)

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	The Proposed Construction will improve the mental health to a minimum of 80 adults with developmental, intellectual, and physical disabilities by introducing a meaningful day Training and Supervision in their daily lives.	Documenting Achievement data a minimum of 3 times a week, Monthly Summary Report, Annual Individual Program Plan.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Will provide education and training, Employability Skills, to a minimum of 80 adults with developmental disabilities.	Documenting Achievement data a minimum of 3 times a week, Monthly Summary Report, Annual Individual Program Plan.
<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	Will create 8 jobs to professionals and or para-professionals working in the respective fields suited to serve the adult with developmental disability population. And will partially fund 6 professionals and or para-professional positions in Management and Education.	Out come will be job creation requirements: A minimum of 2 yrs working with the Developmentally Disabled population, and the respective educational and training requirements of each respective position.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 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:	625,000	19.0%	N/A
2. Federal:	500,226	15.2%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	1,985,806	60.3%	Yes
4. Local:	62,685	1.9%	Yes
5. Other:	120,051	3.6%	Yes
TOTAL	3,293,768	100%	

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

No