

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Brevard Achievement Center - Work Readiness Program
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Tom Goodson
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, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		150,000	150,000		250,000	250,000

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? Agency for Persons with Disabilities
 - 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.
Current contract is performance based, with incremental financial penalties for failure to meet deliverables

6. Requester:

- a. Name: Andy Vegas
- b. Organization: Brevard Achievement Center, Inc.
- c. Email: avega@bacbrevard.com
- d. Phone #: (321)544-3328

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

- a. Name: Andy Vegas
- b. Organization: Brevard Achievement Center, Inc.
- c. Email: avega@bacbrevard.com
- d. Phone #: (321)544-3328

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

- a. Name: Mike Hairidopolos
- b. Firm: MJH Consulting
- c. Email: mike@mhflorida.com
- d. Phone #: (321)525-1861

9. Organization or Name of entity receiving funds:

- a. Name: Brevard Achievement Center, Inc.
- b. County (County where funds are to be expended): Brevard
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard

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?

The BAC Work Training Program was designed to assist persons with more severe disabilities and their families by identifying, enhancing and/or improving their work behaviors, attitudes and tolerances to a level that will allow them to be referred again to Vocational Rehabilitation; this time, they would have worked on the barriers and skill deficits that precluded them from continuing in VR the first time around.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	G&A(5%)	12,500
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Case Coordinators, Educator, kitchen trainer, Job trainer - 3.5 FTE	127,275
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Educational Materials and Supplies, curriculum updates, software, facilities	13,100
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Warehouse repairs, forklift, pallet wrapper, rack improvement, ventilation, etc. Actual estimate is \$122,126, but BAC will match \$25K	97,125

	from local fundraising and donations	
TOTAL		250,000

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:

Presented that Local Congress Meeting on 9/20/17, and we have the support and collaboration of Brevard County Schools, Career Source and Vocational Rehabilitation.

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?

Adults with disabilities will receive classroom instruction, practice work (paid), and community practicums, internships, speakers, and volunteering. Purchase and repair of warehouse and equipment.

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

Adults with disabilities that need further work training; Current and future individuals in our program who want to work, improve their work skills and become contributing citizens.

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 type="checkbox"/> Improve physical health		
<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	With the participant we will identify life skills areas that will improve their community life, and tailor curriculum and practice so they eliminate this barrier from community living	Each area of life skill will be measured and testing/practice developed to ensure progress and learning is occurring.
<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	increased participation in the Florida Respect program. Participants will be trained on the use of warehouse equipment, which will increase their employability.	At minimum, 12 participants should increase take home pay
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Through local commercial contracting and sales of products through the Respect program, we provide steady work and pay to severely disabled individual	One hundred individuals should receive a paycheck.

<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Many of our participants have not been exposed to a real work environment, and therefore do not practice the proper behavioral and social skills to properly function in the work place which can lead to a job.	Each area of employment skill will be measured and testing/practice developed to ensure progress and learning is occurring. Current and future work productivity will be measured.
<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:	250,000	90.9%	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:	25,000	9.1%	Yes
TOTAL	275,000	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