

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Pathway to Possibilities
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Ramon Alexander
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 (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:		90,000	90,000		65,000	65,000

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? Department of Education
 - 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.
Requirement for a performance improvement plan (PIP) and /or corrective action.

6. Requester:

- a. Name: Tonja Jones-Blount
- b. Organization: Dre's Pathway to Possibilities, Inc.
- c. Email: tajjonesblount@yahoo.com
- d. Phone #: (850)567-7264

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

- a. Name: Tonja Jones-Blount
- b. Organization: Dre's Pathway to Possibilities, Inc.
- c. Email: tajjonesblount@yahoo.com
- d. Phone #: (850)567-7264

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Dre's Pathway to Possibilities, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Leon

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?

Dre?s Pathway to Possibilities seeks to expand its innovative Life-Skills & Transition program to adults with autism spectrum disorders and other intellectual and developmental disabilities. Each year, an entire generation of adults with disabilities graduate or ?age out? of school with few resources, services or supports to successfully navigate adulthood. Dre?s Pathway to Possibilities has incorporated every aspect of adulthood into its curriculum and develops and implements individualized p

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	SALARIES ? Two (2) LIFE-SKILLS & TRANSITION EDUCATORS-ASSISTS IN IMPLEMENTING INSTRUCTIONAL CURRICULUM - \$31,304 (\$10/hr *30 hrs wk *52 wks), BENEFITS \$2,392	33,696
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Facility Rent, Utilities, Supplies, and (1), 15-passenger van to transport participants to and from community-based instructional and exploration activities	31,304

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		65,000

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)

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:

Department of Education Vocational Rehabilitation, the Agency for Persons with Disabilities, and the North Florida Office of Public Guardianship are fully supporting this project, support was documented during a meeting between the Department of Education Vocational Rehabilitation Public Affairs Director and the Representative on May 16, 2017. A Leon County based Senior Advisory Committee that consists of 25 representatives from the aforementioned agencies and the Leon County Schools.

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:

Senate Bill 2500, Specific Appropriations 30; Approved \$6,924,676 in Aid to local government grant and aid-Adults with disabilities fund.

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 living with autism spectrum disorders and other intellectual and developmental disabilities who have graduated or ?aged out? of school will attend our life-skills and transition program to develop skills necessary to appropriately and meaningfully participate in the community.

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

Dre?s Pathway to Possibilities provides life-skills, health and fitness, sexuality and socialization training, community-based instruction, community resource education and training and support and advocacy as we help adults with disabilities navigate adulthood and successful integration in their families and community.

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	1. Goals for health and fitness are submitted upon enrollment. Walks, workouts, music therapy, Zumba classes, food and nutrition education and presentations, and student and family homework assignments.	Students will be given a scored mental health assessment upon admission and at the completion of the program. Dre?s Pathway will keep good data, from entrance assessment throughout enrollment.
<input checked="" type="checkbox"/> Improve mental health	Dre?s Pathway specifically addresses, and provides a program of activities that decrease feelings of loneliness, depression, and isolation that may otherwise overwhelm a disabled adult with limited activities or social interaction.	Students will be given a scored mental health assessment upon admission and at the completion of the program. Dre?s Pathway will keep good data, from entrance assessment throughout enrollment.
<input checked="" type="checkbox"/> Enrich cultural experience	Dre?s Pathway teaches basic Spanish classes and incorporates five (5) activities, community-based instructions, and dining experiences into each adult individualized education plan (AIEP).	Increase in individual interests and choice of cultural materials and activities
<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 checked="" type="checkbox"/> Increase or improve economic activity	Dre?s Pathway seeks to increase community investment by partnering with local businesses to train and hire our students and inform the community of our partnerships which increases sales and business for them as well.	Dre?s Pathway?s increased requests for business partnerships and corporate sponsorship.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Dre?s Pathway?s Enterprise ? ?Dre?s Caf? ?, students complete a six month paid apprenticeship under the direction of certified chefs and dietary staff.	Dre?s Caf? has partnered with local businesses who will also provide internships and other opportunities for career development, employment and job placement.
<input checked="" type="checkbox"/> Enhance specific individual?s economic self sufficiency	Through our Enterprise program, students learn to work and to take pride in work. They also learn how working, budgeting and banking, and taking pride in your work, all play a part in living independently.	Dre?s Caf? launched on November 1, 2017 and is already a ?big hit? with our staff, students, the Department of Education Vocational Rehabilitation, and the community.
<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:	65,000	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	65,000	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