

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Dan Marino Foundation - Inclusive Transition and Employment Management (ITEM) Program
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Clay Ingram
Members Copied: Daniel Perez

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:	750,000	750,000	1,500,000	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 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? 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.
Possible future funding adjustment

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:

- a. Name: Tammy Bresnahan
- b. Organization: The Dan Marino Foundation, Inc.
- c. Email: tbresnahan@danmarinofoundation.org
- d. Phone #: (954)368-6017

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

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

9. Organization or Name of entity receiving funds:

- 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?

To improve the State of Florida's Employment Rate for persons with developmental and intellectual disabilities. Providing a 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 program at Marino Campus sites offer greater access to competitive employment, internship experiences with placement and job coaching. Outcomes of 60% 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. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Staff Accountant- 37.5%, HR Coordinator- 37.5%	37,500
<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	Academic/Campus Director (1), Employment Director (.5), Career Services Coordinator (.5), Instructors (4.5), Student Support Specialists (1), Student Admissions Specialist (1), Employment Specialists (2), Job Coaches (4 pt), + Payroll Taxes and Employee Benefits	681,213
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Mileage, Staff Training, Security Screening, Conferences, License Renewals, and Academic Costs and	31,287

	Supplies	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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:

Letters of Support- Florida International University, Miami-Dade and Broward County Public Schools Superintendent Office, University of Southern California Institute of Creative Technologies, Google and The ABLE Trust. Public hearings- Broward Legislative Delegation (10/18/2017) and Miami-Dade (TBD 1/2018)

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, A Developmental Perspective for Adults with Developmental and Intellectual Disabilities.

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?

Provide on-the-job learning and academic instruction to participants according to industry standards and licensing requirements.

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

Provide 200 clock hours of instruction in social and self advocacy skills, and employment readiness, including practice in interview skills using the Virtual Interactive Training Agent (ViTA). Provide 240 clock hours of industry courses that help prepare participants for nationally recognized industry certification exams. Facilitate 320 clock hours of on the job work experiences related to the participants program of study.

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): Vulnerable population that otherwise would not be in the job market.

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	Through provided health and wellness curriculum and fitness activities, participants will improve awareness of healthy life style choices and increase their stamina through exercise.	Pre/post fitness and nutrition assessments
<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	Participants will respond positively about their experiences in arts and theater, collaborations with museum, theater and art community, as well as engagement with student social and leadership groups	Attendance at events and field trips, roster and logs, finished projects Participant responses on annual satisfaction survey
<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	Evidence of successful completion of program (grades, attendance, clock hours earned); Participant

	nationally recognized industry certifications, 75% of participants will earn multiple industry certifications in their program field of study.	certification exam results
<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	Program creates one job opportunity (staff to provide services), for every four participants.	Payroll records
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<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 developmental disabilities have less than a 20% participation rate in employment, more than 60% of participants in the program will be employed within 6 months of graduation	Employment placement percentage as reported to the Commission for Independent Education (FLDOE)
<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, 60% of participants will be employed. Upon entering program less than 10% of participants believe they can live independently, upon completion of the program 75% of participants will respond positively that they are able to work and live independently.	Annual report submitted to the DOE Commission on Independent Education reporting participant employment; Pre and post year-end stakeholder satisfaction surveys measure the participant?s belief that he/she can live independently, have acquired necessary skills and ability to navigate transportation, fiscal management, personal hygiene and house skills.

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:	750,000	43.4%	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:	978,435	56.6%	Yes
TOTAL	1,728,435	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