

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: A. D. Barnes Disability Services Project

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Kionne McGhee

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:					1,000,000	1,000,000

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 Transportation

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: Maria Nardi
- b. Organization: Miami- Dade County Parks, Recreation and Open Spaces
- c. Email: maria.nardi@miamidade.gov
- d. Phone #: (305)755-7903

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

- a. Name: Mary Palacios
- b. Organization: Miami- Dade County Parks, Recreation and Open Spaces
- c. Email: mary.palacios@miamidade.gov
- d. Phone #: (305)755-7848

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: Miami Dade County
- 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?

D. Barnes – Disability Services Project - REQUESTING FUNDING IN THE AMOUNT OF \$1,000,000 FOR DESIGN AND CONSTRUCTION OF A 3,000 SF PERMANENT BUILDING AND UPGRADES TO THE CABINS THAT COULD BE USED AS A TEMPORARY SPECIAL NEEDS SHELTER DURING NATURAL DISASTERS SUCH AS HURRICANES. This funding will help to ensure that in the event of a natural disaster, such as a hurricane, that the facility and existing amenities, that includes a full kitchen and hall area, and 2 cabins.

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 type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Initial Survey has been completed	1,000,000
TOTAL		1,000,000

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?

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?

The Leisure Access Center offers adults (22+) with intellectual/developmental disabilities Life Skills Development Level 3 Adult Day Training (ADT) funded by the Medicaid Waiver Services. The ADT are training services intended to support the participation of recipients in valued routines of the community, including volunteering, job exploration, accessing community resources, and self-advocacy, in settings that are age and culturally appropriate. The ADT includes meaningful day activities

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

This funding will help to ensure that in the event of a natural disaster, such as a hurricane, that the facility and existing amenities, that includes a full kitchen and hall area, and 2 cabins, could be used as a temporary special needs shelter for individuals with disabilities and their families. The 2 cabins on site could also be used to temporarily house individuals with disabilities in the event that they are displaced from their homes due to a natural disaster.

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	Improved access to gym where clients can easily use equipment and rotate from one activity to the next.	Increase in Physical goal attainment.

<input checked="" type="checkbox"/> Improve mental health	Proposed Project will benefit with the overall wellbeing of clients	Health Satisfaction Survey
<input checked="" type="checkbox"/> Enrich cultural experience	Programmatic space will benefit clients' social interaction with other peers since all classrooms will be in one facility improving their quality of life and social engagement	Attendance and Improving goal attainment
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Maintaining Facility Gardening Program Education. Clients' will participate in this program enhancing their volunteer/vocational job skills horticulture and food preparation.	Client Satisfaction Survey
<input checked="" type="checkbox"/> Improve quality of education	Programmatic Space will provide having Daily Living Skills Training and All Educational Activities on one facility (under one roof) benefiting clients' participation. Freely access to all educational areas	Improving their goal attainment.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Project will enhance the current Recycling efforts.	Survey related to environmental awareness.
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Improved access to program participants and the community providing a fully accessible overnight rental facility for educational workshops, and youth programs.	Improving facility condition monitored by Facility Utilization report
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	ct will benefit community by increasing job opportunity. The community will benefit from a better accommodating facility (rental usage	Facility utilization Reports

	will increase) and also by Increasing ADT program participation.	
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Creation of new jobs/Space provided will open up opportunities to increase number of clients with disabilities served consecutively opening doors for job opportunities	Monitoring Yearly Budget
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	n this programmatic space, Daily Living including budgeting instructions for individuals with intellectual/developmental disabilities will be offered to promote the client's Independence and enhance their economic self sufficiency.	Tracking of Client's individual goals/Monitor on a monthly basis and Quarterly reports generated
<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:	1,000,000	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	1,000,000	100%	

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

No