



Health Care Appropriations Subcommittee

**Tuesday, January 16, 2018
3:00 p.m. - 6:00 p.m.
Sumner Hall (404 HOB)**

MEETING PACKET

**Richard Corcoran
Speaker**

**Jason Brodeur
Chair**



**The Florida House of Representatives
Appropriations Committee
Health Care Appropriations Subcommittee**

**Richard Corcoran
Speaker**

**Jason Brodeur
Chair**

**Agenda
Tuesday, January 16, 2018
3:00 p.m. – 6:00 p.m.
Sumner Hall (404 HOB)**

- I. Call to Order/Roll Call**
- II. Opening Remarks**
- III. Consideration of the following bill(s):**
 - HB 2073 JAFCO Children's Ability Center by Edwards-Walpole
 - HB 2079 City of Hialeah Gardens-Elder Meals Programs by Diaz, M.
 - HB 2081 City of Hialeah Elder Meals Program by Diaz, M.
 - HB 2173 Centerstone Psychiatric Residency Expansion by Gonzalez
 - HB 2323 St. Joseph's Children's Hospital Chronic-Complex Clinic by Cruz
 - HB 2379 Alzheimer's Project, Inc. by Ausley

- HB 2431 Palm Beach Habilitation Center Cultural Arts Building by Silvers
- HB 2533 Florida Heiken Children's Vision Program by Richardson
- HB 2811 Comprehensive Emergency Services Center (CESC) - Homelessness Services and Residential Support by Beshears
- HB 3025 Miami Project to Cure Paralysis - Spinal Cord and Traumatic Brain Injury Research Programs by Nuñez
- HB 3037 Pawsitive Love Foundation - Teens Training Service Dogs for Veterans by Ponder
- HB 3195 Gracepoint - 7 Crisis Stabilization Beds by Toledo
- HB 3325 Florida Veterans Foundation by Killebrew
- HB 3585 Charlotte Behavioral Health Care - Charlotte County Community Action Treatment Team by Grant, M.
- HB 3605 Ounce of Prevention Fund of Florida - Florida Children's Initiative by Davis
- HB 3653 Five Points Technology Group - Electronic Personal Health Records for Foster Children by Peters
- HB 3735 Removing the Barriers Initiative - Stirring Waters, Aquatic Services by Albritton
- HB 3799 Crohn's & Colitis Foundation - University of Florida Research on Colitis Associates Colorectal Cancer by Berman
- HB 3813 Camillus House Human Trafficking Recovery Program by Bileca
- HB 3887 Citrus Health Network - CHANCE Campus for Commercially Sexually Exploited Youth by Duran

IV. Closing Remarks/Adjournment

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: JAFCO Children's Ability Center
2. Date of Submission: 10/12/2017
3. House Member Sponsor: Katie Edwards
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
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:		500,000	500,000		500,000	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? Agency for Persons with Disabilities
 - 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.
standard penalties to include return of funds

6. Requester:

- a. Name: Ellyn Bogdanoff
- b. Organization: JAFCO Children's Ability Center
- c. Email: ellyn.bogdanoff@gmail.com
- d. Phone #: (954)232-5678

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

- a. Name: Sarah Franco
- b. Organization: JAFCO Children's Ability Center
- c. Email: sarah@jafco.org
- d. Phone #: (954)315-8680

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

- a. Name: Ellyn Bogdanoff
- b. Firm: Becker and Poliakoff
- c. Email: ebogdanoff@bplegal.com
- d. Phone #: (954)232-5678

9. Organization or Name of entity receiving funds:

- a. Name: JAFCO Children's Ability Center
- b. County (County where funds are to be expended): Broward, Miami-Dade, Monroe, Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Monroe, Palm Beach

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 JAFCO Children's Ability Center provides quality family enrichment, resources, and respite services to families raising children with developmental disabilities. The overall goal of this program is to provide extended respite care to parents who are raising a child with a developmental disability to decrease their stress levels while increasing the socialization and skills of their children, thereby helping to preserve the family unit.

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	90% of the funds will be used for program staff to provide 24 hour care for the children in the respite program. These staff include psychologists, social workers, therapists, BCBA (Board Certified Behavior Analyst), nurses, and direct care staff.	450,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	5% of the funds will be used for food and other supplies for the children and the programs, including iPads for communication, computer software,	25,000

	art supplies, and music therapy.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	5% of the funds will be used to fund evaluative research on the program conducted by an NSU research team.	25,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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:

JAFCO has over 15,000 supporters who fund both the construction of the facility and now support the operations. Over 300 families utilize the center currently. All of these individuals have expressed their support of the center and program.

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:

The need for respite care for families raising a child with a developmental disability has been well documented by multiple agencies specializing in this population including Autism Speaks.

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?
Respite and support services to families raising a child with a developmental disability.

17b. Describe the direct services to be provided to the citizens by the funding requested.
JAFCO services are offered to children of all developmental disabilities and of all ages birth to 22 starting on the actual day of diagnosis, ensuring that no family is ever alone. Families have access to a 24-hour emergency on call support and a multi-disciplinary team consisting of therapist, social workers, psychologists and behavior analysts. The following services and features make our facility unique:

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 checked="" type="checkbox"/> Improve mental health	75% of parents raising a child with a developmental disability will report decrease in parental stress	PSI, Parenting Stress Index, administered as a pre-test and post-test
<input type="checkbox"/> Enrich cultural experience		
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<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 checked="" type="checkbox"/> Other (Please describe): Maintain family unit	85% of children will avoid costly of out-of-home residential placements funded by the State	Measured every 6 months by parent survey

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:	500,000	33.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	500,000	33.3%	Yes
4. Local:	0	0.0%	No
5. Other:	500,000	33.3%	No
TOTAL	1,500,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 JAFCO Children's Ability Center; providing an
 4 appropriation; providing an effective date.

6 Be It Enacted by the Legislature of the State of Florida:

8 Section 1. JAFCO Children's Ability Center is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 47, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$500,000 from the General Revenue Fund is appropriated to the
 14 Agency for Persons with Disabilities to fund the JAFCO
 15 Children's Ability Center as described in Appropriations Project
 16 Request 47.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Hialeah Gardens-Elder Meals Programs
2. Date of Submission: 10/12/2017
3. House Member Sponsor: Manny Diaz
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:		245,532	245,532		292,000	292,000

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? Department of Elder Affairs
 - 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.
Audit the services

6. Requester:

- a. Name: Yioset de la Cruz
- b. Organization: City of Hialeah Gardens (Mayor)
- c. Email: ydelacruz@cityofhialeahgardens.com
- d. Phone #: (305)558-4114

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

- a. Name: Robert Lorenzo
- b. Organization: City of Hialeah Gardens
- c. Email: rorenzo@cityofhialeahgardens.com
- d. Phone #: (305)558-4114

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

- a. Name: Eddy Gonzalez
- b. Firm: Sun City Strategies
- c. Email: egonzalez102@yahoo.com
- d. Phone #: (786)351-5849

9. Organization or Name of entity receiving funds:

- a. Name: City of Hialeah Gardens Senior Center
- 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?

Funds will be used to provide nutritious meals to the elderly 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	Funds used to pay cost of the meals	292,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		292,000

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:

Local support, support by elected officials

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:

Alliance for Aging Yearly Monitoring

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?
healthy meals, socialization at the senior center, events and holidays

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

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	improving and maintaining physical health of seniors	providing nutritious and balanced meals to seniors
<input checked="" type="checkbox"/> Improve mental health	socializing, games, and a nutritious diet	For many seniors this is the opportunity to interact and socialize with their community. They engage and play games like bingo, dominoes and other card games while having daily hot meals.
<input type="checkbox"/> Enrich cultural experience		
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<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
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			writing?
1. Amount Requested from the State in this Appropriations Project Request:	292,000	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	292,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 City of Hialeah Gardens-Elder Meals Programs;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. City of Hialeah Gardens-Elder Meals Programs is
 10 an Appropriations Project as defined in The Rules of The Florida
 11 House of Representatives and is described in Appropriations
 12 Project Request 46, herein incorporated by reference.

13 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 14 of \$292,000 from the General Revenue Fund is appropriated to the
 15 Department of Elder Affairs to fund the City of Hialeah Gardens-
 16 Elder Meals Programs as described in Appropriations Project
 17 Request 46.

18 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Hialeah Elder Meals Program
2. Date of Submission: 10/10/2017
3. House Member Sponsor: Manny Diaz
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	Column: B	Column: C	Column: D	Column: E	Column: 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:	250,000	1,150,000	1,400,000	250,000	1,400,000	1,650,000

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? Department of Elder Affairs
 - 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.
Audit of program.

6. Requester:

- a. Name: Andres Ruiz
- b. Organization: City of Hialeah
- c. Email: anruiz@hialeahfl.gov
- d. Phone #: (305)883-8040

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

- a. Name: Annette Quintana
- b. Organization: City of Hialeah
- c. Email: aguintana@hialeahfl.gov
- d. Phone #: (305)883-8040

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

- a. Name: Andreina Figueroa
- b. Firm: ADF Consulting
- c. Email: adf@adfconsulting.com
- d. Phone #: (786)586-7001

9. Organization or Name of entity receiving funds:

- a. Name: City of Hialeah
- 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?

The requested funds are for the provision of meals for the elderly residents of Hialeah by administering and operating the Hot Lunch and Activities and Homebound Meals Program, delivering meals to homes and at various congregate meal sites.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salary and benefits of Project Head	60,764
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salary and benefits of administrative personnel	210,409
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel used for training purposes	1,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Payment of audit fees, management fees, and the City of Hialeah utility fee	41,448
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and benefits of janitors and nutritional aides working directly in lunch rooms.	145,724
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Payment for repairs in the seven lunch room locations for the program	5,080
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Funds used to pay for the cost of meals, nutritionist, and insurance cost	935,575
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,400,000

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:

The community members, City Council, Hialeah Housing Authority, and local legislative representatives support this 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?

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?

Congregate meals, home-delivered meals, nutrition education, and nutrition counseling.

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

Through the provision of congregate and home delivered meals, the funding can enrich the quality of life of the elderly citizens of Hialeah by nurturing healthy eating habits. Funding will also contribute to education with mass educational nutrition consulting.

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	Improving and maintaining physical health of program participants through nutritious diet.	Nutritional aides and certified dietitians work to execute health, nutritious, and balanced meals for program participants.

<input checked="" type="checkbox"/> Improve mental health	Improving and maintaining mental health of program participants by providing a warm and social atmosphere and a nutritious diet.	Congregate meal sites offer a warm and inviting atmosphere for participants to socialize and share in dietitian approved, healthy, balanced meals to help support mental wellbeing.
<input type="checkbox"/> Enrich cultural experience		
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<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:	1,400,000	84.9%	N/A
2. Federal:	0	0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	250,000	15.1%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,650,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 City of Hialeah Elder Meals Program; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. City of Hialeah Elder Meals Program is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 41, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$1,400,000 from the General Revenue Fund is appropriated to
 14 the Department of Elder Affairs to fund the City of Hialeah
 15 Elder Meals Program as described in Appropriations Project
 16 Request 41.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Centerstone Psychiatric Residency Expansion
2. Date of Submission: 10/18/2017
3. House Member Sponsor: Julio Gonzalez
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
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:		500,000	500,000		500,000	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 Children and Families
 - 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.
Enact penalty if program is not accredited.

6. Requester:

- a. Name: Melissa Larkin-Skinner
- b. Organization: Centerstone of Florida, Inc.
- c. Email: melissa.larkin-skinner@centerstone.org
- d. Phone #: (941)720-4826

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

- a. Name: Melissa Larkin-Skinner
- b. Organization: Centerstone of Florida, Inc.
- c. Email: melissa.larkin-skinner@centerstone.org
- d. Phone #: (941)720-4826

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

- a. Name: Amanda; Jeff
- b. Firm: Corcoran & Johnston Government Relations
- c. Email: amanda@corcoranfirm.com; jeff@corcoranfirm.com
- d. Phone #: (813)404-5216

9. Organization or Name of entity receiving funds:

- a. Name: Centerstone of Florida, Inc.
- b. County (County where funds are to be expended): Manatee, Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Manatee, Sarasota

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 program will increase Florida's psychiatric residency slots, increase access to mental health and substance use care for Floridians, and produce new psychiatrists to reduce the shortage in Florida. Each resident will serve 300-600 Floridians annually who are in need of mental health and addictions care; the residency will address the statewide psychiatrist shortage via training 16 residents annually, 2/3 of whom are expected to remain in Florida (per the Florida Department of Health).

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 and benefits of psychiatric residents	500,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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:

Manatee County Board of County Commissioners Resolution, Letters of Support - United Way, Manatee County Sheriff, Drug Free Manatee, HCA Blake Medical Center, Community Health Centers of Sarasota (FQHC); Manatee County Chamber of Commerce Legislative Agenda

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:

Florida's 2016 Physician Workforce Annual Report - Florida Department of Health - Florida has 15 counties with no psychiatrist and 7 counties with only one psychiatrist. 47% of Florida psychiatrists are age 60 and older. It is estimated the U.S. need 29.9 psychiatrists per 100,000 residents, Florida has only 7 psychiatrists per 100,000 residents.

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?

Training Psychiatric Residents to provide mental health and substance use treatment - the residents complete Psychiatric evaluations, Medication prescribing and management, Medication Assisted Treatment, Therapy, Physical Examinations, Medical Evaluations, Provide treatment orders for inpatient care, Patient education, and informed consent evaluations; Training in Neurology and Internal Medicine; Program Accreditation; Filling Residency slots

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

Psychiatric evaluations, Medication prescribing and management, Medication Assisted Treatment, Therapy, Physical examinations, Medical evaluations, Inpatient psychiatric and detox care, Patient education, and informed consent evaluations, Treatment orders

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): Families in the Child Welfare System

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	(a) Follow-up with outpatient services within 7 days following an inpatient stay; (b) Follow-up with outpatient services following an inpatient stay within 30 days	(a) MIPS measure #391-2; (b) MIPS measure #391-1
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	(a) Screening for unhealthy alcohol and substance use; (b) Clients will abstain from substance use for a minimum of 30 days after enrollment	(a) MIPS measure #431; (b) Florida State Reporting (SA Admission/Discharge)

	in treatment	
<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:	500,000	29.4%	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:	1,200,000	70.6%	Yes
TOTAL	1,700,000	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Centerstone Psychiatric Residency Expansion; providing
 4 an appropriation; providing an effective date.

6 Be It Enacted by the Legislature of the State of Florida:

8 Section 1. Centerstone Psychiatric Residency Expansion is
 9 an Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 66, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$500,000 from the General Revenue Fund is appropriated to the
 14 Department of Children and Families to fund the Centerstone
 15 Psychiatric Residency Expansion as described in Appropriations
 16 Project Request 66.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Joseph's Children's Hospital Chronic-Complex Clinic
2. Date of Submission: 10/19/2017
3. House Member Sponsor: Janet Cruz
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:		1,000,000	1,000,000		1,098,000	1,098,000

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 Health
 - 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.

We have worked collaboratively with CMS in past years to ensure this project returned value to the state. We will continue to work with CMS on any penalties, including additional penalties if needed, to ensure deliverables are met

6. Requester:

- a. Name: Clint Shouppe
- b. Organization: St. Joseph's Children's Hospital
- c. Email: clint.shouppe@baycare.org
- d. Phone #: (727)519-1885

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

- a. Name: Stefanie Alt
- b. Organization: St. Joseph's Children's Hospital
- c. Email: stefanie.alt@baycare.org
- d. Phone #: (813)870-4549

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

- a. Name: Travis Blanton
- b. Firm: Johnson and Blanton
- c. Email: travis@teamjb.com
- d. Phone #: (850)224-1900

9. Organization or Name of entity receiving funds:

- a. Name: St. Joseph's Children's Hospital
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Hillsborough, Pasco, Pinellas, Polk

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?

St. Joseph's Children's Hospital (SJCH) is designed to meet the unique needs of children and their families by providing high-tech pediatric health care in a family-centered environment. SJCH houses the Chronic-Complex Clinic (CCC), the only medical home in the state for children with multiple life-threatening medical conditions. Through a comprehensive primary care approach, the CCC addresses the special health care needs of approximately 700 pediatric patients with complex medical needs.

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 and benefits for operations of clinic and providing medical and psychosocial care to patients.	447,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Support for EMR maintenance, office supplies, other supplies, staff education and training/travel	26,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Services for Neurodevelopmental Pediatric sub-specialist and continuation of Applied Behavioral Analyst (ABA) therapies for patients.	625,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,098,000

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:

This project is actively supported by taxpaying families throughout West Central Florida whose children benefit from the services provided by the clinic. Letters of support available upon request.

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:

Independent Consultant Evaluator/USF Cost Effectiveness Study (2002-2004). The goal of the study was to determine whether there are significant differences in the number of emergency room visits, number of hospitalizations, and length of stay in the hospital among children who are not enrolled in the Center and those who are enrolled at the Center.

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 Chronic-Complex Clinic (CCC) seeks to continue offering a wide range of services necessary to meet the varied needs of the patients served by our patient-centered medical home. By keeping this population healthy and out of the hospital (95% of the CCC children are covered by Medicaid due to their medical complexities) the CCC is significantly reducing state Medicaid costs.

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

Financial support will allow the CCC to continue providing uninterrupted clinical and psychosocial services as well as the ability to continue adding new medically complex children into the practice. In addition the CCC will be allowed the opportunity to continue developmental/behavioral and mental health services to patients, which have shown further enhancements in the already comprehensive care medical home model.

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.) Decrease ER visits and inpatient hospital days 2.) Improve health status of pediatric patients enough to be managed by community pediatricians	1.) # of ER saves and # of inpatient days 2.) # pediatric patients healthy enough to transition to community pediatricians
<input checked="" type="checkbox"/> Improve mental health	Increase access to behavioral/mental health services and therapies	1.) # of patients received behavioral/mental health services in the CCC. 2.) # of patients receiving ABA therapies on the home 3.) # of hours patients have received ABA therapies in the home
<input type="checkbox"/> Enrich cultural experience		
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		

<input type="checkbox"/> Create specific immediate job opportunities		
<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 checked="" type="checkbox"/> Other (Please describe): Improve health outcomes for children with medically complex conditions	Increase access to multiple services for CCC patients.	1.) # patients receiving all services through the CCC

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:	1,098,000	66.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	36,500	2.2%	Yes
4. Local:	0	0.0%	No

5. Other:	506,941	30.9%	Yes
TOTAL	1,641,441	100%	

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

No

HB 2323

2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 St. Joseph's Children's Hospital Chronic-Complex
4 Clinic; providing an appropriation; providing an
5 effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. St. Joseph's Children's Hospital Chronic-
10 Complex Clinic is an Appropriations Project as defined in The
11 Rules of The Florida House of Representatives and is described
12 in Appropriations Project Request 67, herein incorporated by
13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$1,098,000 from the General Revenue Fund is appropriated to
16 the Department of Health to fund the St. Joseph's Children's
17 Hospital Chronic-Complex Clinic as described in Appropriations
18 Project Request 67.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alzheimer's Project, Inc.
2. Date of Submission: 11/06/2017
3. House Member Sponsor: Loranne Ausley
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	Column: B	Column: C	Column: D	Column: E	Column: 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:		150,000	150,000		150,000	150,000

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 Elder Affairs
 - 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.
n/a

6. Requester:

- a. Name: Debbie Moronie
- b. Organization: Alzheimer's Project, Inc.
- c. Email: debbie@alzheimersproject.org
- d. Phone #: (850)386-2278

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

- a. Name: Debbie Moronie
- b. Organization: Alzheimer's Project, Inc.
- c. Email: debbie@alzheimersproject.org
- d. Phone #: (850)386-2278

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: Alzheimer's Project, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Franklin, Gadsden, Gulf, Jackson, Jefferson, Leon, Taylor, Wakulla, Washington

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?

Continue expansion of services for caregivers and their loved ones to include assessment, case planning, case management, family counseling, support groups, crisis counseling, Social Day Respite, information and referral to persons diagnosed with Alzheimer's and other dementia's. In-home respite in Leon County through AmeriCorps, Project Life Save, a recovery system for wanderers.

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	3.5 FTE to provide assessments, direct service delivery, coordination and collaboration for expansion of services	150,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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:

Alzheimer's Project has been discussed at the Florida Department of Elder Affairs publicly noticed Dementia Care and Cure Initiative (DCCI) statewide task force and the local DCCI Advisory Committee. 2014 Florida Tax Watch report.

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:

Florida Department of Elder Affairs Dementia Care and Cure Initiative, Governor's Purple Ribbon Task Force report, Alzheimer's Association Facts and Figures, ALICE Report (Feb. 2014), Agency Needs Assessment

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?

Assessment, case planning, case management, family counseling, counseling support groups, crisis counseling, information and referral, support to Social Day Respite, assessment for AmeriCorp, match of volunteers for in-home respite, caregiver education, Powerful Tools for Caregivers

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

Client assessment, case management, counseling and crisis counseling, support groups, information and referral, day respite, caregiver education, Powerful Tools for Caregivers

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): Caregivers and persons living with dementia or Alzheimer's Disease

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	<p>Caregivers will have the time to take care of their own physical needs including maintaining employment. Caregivers will be better equipped to manage the physical needs of their loved ones.</p>	<p>Caregiver Surveys demonstrate that respite and other services: ? Increase attention to physical health ? Increase information and knowledge on how to respond to loved ones needs ? Increase knowledge on resources available to support the caregiver and loved ones physical health ? Increase ability to maintain employment The increased ability to maintain employment while caring for a loved one in the home is also objectively measurable.</p>
<input checked="" type="checkbox"/> Improve mental health	<p>Caregivers report less stress and increased coping strategies. Increase level of well being for the caregiver and the individual living with dementia.</p>	<p>Caregiver Surveys demonstrate: ? Decrease in caregiving stress ? Increase in coping strategies ? Increase level of well being ? Increased ability to care for loved one in the home setting The number of caregivers who are able to care for their loved one in the home setting is also objectively measurable.</p>
<input checked="" type="checkbox"/> Enrich cultural experience	<p>Person living with dementia increase opportunities for socialization and cultural interactions supporting a family's choice to maintain caring for individual's with dementia in the family home.</p>	<p>Families avoid institutionalization of their loved one, while persons living with dementia are able to socialize outside of the home through respite day care. Measurable factors include: ? # of people using respite ? # of patients living at home # of recipients who have moved to a facility each year compared with a control group of non-recipients in similar circumstances.</p>

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Student volunteers and interns experience high-quality educational experiences working with persons with dementia.	Surveys of volunteers and interns demonstrate valuable educational experiences that qualify for academic credit and job training experience.
<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	Caregivers are better able to maintain employment while having a loved one in the home.	Respite services are essential to the ability for many caregivers to hold a job while caring for a loved one.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Respite services are essential to the ability for many caregivers to hold a job while caring for a loved one.	The maintenance of these 3.5 FTE support specific and immediate job opportunities for skilled workers.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Caregivers financial burden is lessened as a result of free or reduced facility respite support.	The numbers of facility day respite hours provided x average hourly cost.
<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:	150,000	21.1%	N/A
2. Federal:	102,410	14.4%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	97,000	13.6%	Yes
5. Other:	362,111	50.9%	No
TOTAL	711,521	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Alzheimer's Project, Inc.; providing an appropriation;
 4 providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Alzheimer's Project, Inc. is an Appropriations
 9 Project as defined in The Rules of The Florida House of
 10 Representatives and is described in Appropriations Project
 11 Request 246, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$150,000 from the General Revenue Fund is appropriated to the
 14 Department of Elder Affairs to fund the Alzheimer's Project,
 15 Inc. as described in Appropriations Project Request 246.

16 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Palm Beach Habilitation Center Cultural Arts Building
2. Date of Submission: 11/09/2017
3. House Member Sponsor: David Silvers
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 <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:					1,500,000	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? 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.

Cost are only for preparation of the land and construction costs. Funds will reimburse construction and planning costs paid by the Palm Beach Habilitation Center.

6. Requester:

- a. Name: David Lin
- b. Organization: Palm Beach Habilitation Center, Inc
- c. Email: dlin@pbhab.com
- d. Phone #: (561)965-8500

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

- a. Name: David Lin
- b. Organization: Palm Beach Habilitation Center, Inc
- c. Email: dlin@pbhab.com
- d. Phone #: (561)965-8500

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

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 Cultural Arts building will be the hub of the Personal Arts and Creative Expression (PACE) Program strives to integrate art into all activities by providing meaningful activities for individuals with disabilities who are interested in exploring and developing expressive skills through the arts. The planned 10,000 square foot building will be hurricane hardened and designated to serve as an Emergency Shelter for program participants in the event of a hurricane or other natural disaster

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	Site plan, engineering and construction cost of the building	1,500,000
TOTAL		1,500,000

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?

No

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	Engagement in physical exercise through dance and group exercise classes for individuals with developmental and other disabilities	Documentation of activities provided to participants and documentation of participation in activities
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Participation in various forms of art and creative experiences to engage	Documentation of arts and cultural activities provided to participants and

	participants in the culture and communities in which they live and work	documentation of participation in activities
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Participation in Adult Education opportunities and Daily Living Skills Training	Documentation of educational and daily living skills activities provided to participants and documentation of participation in activities
<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 type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Incorporating arts and improved communication skills will enhance the economic opportunities for individuals with developmental and other disabilities to obtain jobs and engage their communities.	Documentation of activities which promote economic self sufficiency provided to participants and documentation of participation in activities
<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): Emergency Shelter and Supervision	The Cultural Arts Building will serve as an emergency shelter for program participants of the Palm Beach Habilitation Center during a hurricane or other natural disaster. Supervision will be provided participants by agency staff.	The Cultural Arts Building will obtain certification as an emergency shelter. Staffing patterns will assure supervision is available if the need arises to open it as an emergency shelter.

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:	1,500,000	75.0%	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:	500,000	25.0%	No
TOTAL	2,000,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Palm Beach Habilitation Center Cultural Arts Building;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:
 8

9 Section 1. Palm Beach Habilitation Center Cultural Arts
 10 Building is an Appropriations Project as defined in The Rules of
 11 The Florida House of Representatives and is described in
 12 Appropriations Project Request 456, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$1,500,000 from the General Revenue Fund is appropriated to
 16 the Agency for Persons with Disabilities to fund the Palm Beach
 17 Habilitation Center Cultural Arts Building as described in
 18 Appropriations Project Request 456.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Heiken Children's Vision Program
2. Date of Submission: 11/10/2017
3. House Member Sponsor: David Richardson
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:	750,000	250,000	1,000,000	750,000	250,000	1,000,000

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? Department of Health
 - 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.
Contracting agency will not bill State for ineligible services provided. FDOH Monitoring has found no issues.

6. Requester:

- a. Name: Virginia A. Jacko
- b. Organization: Florida Heiken Children's Vision Program
- c. Email: vjacko@miamilighthouse.org
- d. Phone #: (786)362-7505

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

- a. Name: Virginia A. Jacko
- b. Organization: Florida Heiken Children's Vision Program
- c. Email: vjacko@miamilighthouse.org
- d. Phone #: (786)362-7505

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

- a. Name: Jose Diaz
- b. Firm: Robert M Levy & Associates
- c. Email: jdiaz@aol.com
- d. Phone #: (850)681-0254

9. Organization or Name of entity receiving funds:

- a. Name: Miami Lighthouse for the Blind
- b. County (County where funds are to be expended): 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?

The goal of the Florida Heiken Children's Vision Program is to assure that all financially disadvantaged schoolchildren who fail their vision screening have access to a comprehensive eye examination including dilation and glasses, if required, to ensure academic success. Following the Florida Statute which sets standards of care, the Program provides an eye examination with dilation so that underlying medical conditions can be diagnosed and appropriate medical referrals made.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Prorated portion of executive staff and benefits	3,079
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Prorated portion of administrative staff	18,914
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Prorated portion of travel and supplies	3,507
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Prorated portion of facilities	6,375
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Prorated portion of Salaries	73,125
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Prorated portion of travel and supplies	25,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Mainly optometrists and opticians	120,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		250,000
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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 and cooperative agreements from school districts across the State of Florida can be provided. In addition In addition, we frequently receive letters and testimonials from grateful children and school personnel, documenting our program's impact on individual lives. The Florida Optometric Association backs the program as well.

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:

Based on research funded by the Health Foundation of South Florida, 74% of the Florida Heiken Children's Vision Program participant's parents who responded reported academic improvement after their children received eyeglasses from our eye wellness program at their school. The Heiken Program has developed a Best Practices approach for the delivery of eye care to uninsured schoolchildren over the past 24 years as documented in Optometry: Journal of the American Optometric Association.

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?

he Heiken Children?s Vision Fund was created in 1992 by the Dade County Optometric Association, and merged with the Miami Lighthouse in 2007. In 2010, the Florida Heiken Children?s Vision Program, LLC, a division of Miami Lighthouse for the Blind and Visually Impaired, Inc., was registered with the State of Florida, expanding vision health services to low-income children statewide. The Heiken Program will provide a total of over 10,000 eye exams Statewide leveraging FDOH funding.

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

During the 2018-2019 school year with Florida Department of Health funding, our Florida Heiken Children's Vision Program will continue its eye wellness program statewide and will provide 5,256 comprehensive diagnostic eye examinations to disadvantaged children. Eye examinations conducted are performed on one of our four mobile eye care units at a scheduled site or by one of our network of more than 1,200 community optometrists.

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 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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<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 checked="" type="checkbox"/> Other (Please describe): Improve Eye Health in Students Across the State	The 2016-2017 measures used are as follows: Results included Mobile visit Satisfaction Survey requested from every Site Coordinator, questions included: Did you have any difficulty scheduling your school visit? No: 60/61 = 98% ? Were you satisfied with the overall scheduling process? Yes: 59/61 = 97% Did the IVP team arrive at your school by the scheduled time? Yes: 56/61 = 92% Did the exams begin within one hour from arrival? Yes: 61/61 = 100%	The Florida Heiken Childrens Vision Program has been audited for the past 8 years by the Florida Department of Health without any significant findings.

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	15.5%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	750,000	46.4%	Yes

4. Local:	615,702	38.1%	Yes
5. Other:	0	0.0%	No
TOTAL	1,615,702	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Florida Heiken Children's Vision Program; providing an
 4 appropriation; providing an effective date.

6 Be It Enacted by the Legislature of the State of Florida:

8 Section 1. Florida Heiken Children's Vision Program is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 508, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$250,000 from the General Revenue Fund is appropriated to the
 14 Department of Health to fund the Florida Heiken Children's
 15 Vision Program as described in Appropriations Project Request
 16 508.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Comprehensive Emergency Services Center (CESC) - Homelessness Services and Residential Support
2. Date of Submission: 11/08/2017
3. House Member Sponsor: Halsey Beshears
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:		500,000	500,000		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? Yes
 - 5a. If yes, which state agency? Department of Children and Families
 - 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.
If monthly deliverables are not met, DCF will reduce the reimbursement by 1% of the total of the invoice.

6. Requester:

- a. Name: Monique Ellsworth
- b. Organization: CESC, Inc.
- c. Email: monique.ellsworth@cesctlh.org
- d. Phone #: (941)545-0812

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

- a. Name: Monique Ellsworth
- b. Organization: CESC, Inc.
- c. Email: monique.ellsworth@cesctlh.org
- d. Phone #: (941)545-0812

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: CESC, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla

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?

These funds will support continued operations of CESC, Inc. & allow for limited expansion of direct services available to the 3,000+ clients served annually. CESC, Inc. operates three cutting edge programs; the Kearney Center, Westgate & The Dwellings. The Kearney Center is a state-of-art facility that provides comprehensive wraparound services in a one-stop model of care. Westgate & The Dwelling provides low-cost housing opportunity in rooming-house and tiny-house format, respectively.

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	CESC, Inc. provides direct services to area citizens by providing individualized case management and emergency shelter to nearly 400 each night and provides on-site nursing to clients with medical needs daily. CESC, Inc. provides approximately 900 meal daily. The staff that prepares and serves these meals does so in conjunction with over 700 community volunteers annually. CESC, Inc. offers off-site transitional housing and case management	485,380

	which assists our clients in obtaining self-sufficiency.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	CESC, Inc. receives a great deal of in-kind contributions from area businesses and community members. However, supplemental purchases, including food, are required to meet the needs of the clients we serve. Additionally, CESC, Inc. provides laundry services, hygiene products, medications, and other necessities.	376,500
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	The safety of the clients served by CESC, Inc. and the community members who volunteer their time is of great importance. For this reason, there is law enforcement on-site seven days a week and a security guard at our entrance searching belongings and operating our metal detector daily. The requested funds will ensure that our facility will continue to remain safe.	138,120
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
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)

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:

The City of Tallahassee, Leon County and the United Way of the Big Bend all strongly support the operations of CESC, Inc. Through numerous commission meetings the CESC, Inc. has received financial support. Additionally, the commissions have approved and supported the development of Westgate, the Kearney center, and the Dwellings, all of which are programs of CESC, Inc. These documents and letters of support can be sent upon request.

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?

Overnight emergency shelter services, food program, housing support, case management, non-emergency medical services, dental care.

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

One of CESC's programs is an emergency shelter that provides daily meals & emergency shelter along with the coordination of community agencies to provide a one-stop-shop model of care which includes a nursing team that works on-site 365 evenings a year & a dental clinic. The two housing programs, Westgate & The Dwellings, along with the Kearney Center all have case managers that work to transition individuals into housing & connect people with services to ensure that housing found remains stable

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	CESC, Inc. will provide medical clinic services to persons experiencing homelessness by staffing two Licensed Practical Nurses 7 days a week and purchasing and dispensing prescription medications and over the counter medications for treatable	Can provide a monthly report of medications that were provided and the number of unique clients who received medical service on-site.

	illness.	
<input checked="" type="checkbox"/> Improve mental health	CESC, Inc. will provide referrals to mental health services that are provided by both our staff, and representatives from partnering agencies.	Provide a monthly report of the number of referrals that are made to partnering agencies, along with a report of clients who receive mental health services by CESC, Inc. staff.
<input checked="" type="checkbox"/> Enrich cultural experience	The clients served by CESC, Inc. are very diverse. The opportunity for the Tallahassee/Leon community to interact with clients through volunteering at the Kearney Center serves to enrich the lives both the participants and the clients.	Provide monthly report on the number of volunteers serving with CESC, Inc.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	The clients are offered the opportunity to participate in on-site GED classes offered in conjunction with Leon County School Board. Clients are also offered the opportunity to participate in vocational training through the Lively VoTech institution. Educational opportunities are also available for advanced education at FSU, TCC or FAMU. Currently, several residents/clients are participating in the advanced programs.	Provide monthly reports on participation in GED, vocational training or advanced education.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental,	CESC, Inc. partners with Big Bend After Re-entry Coalition in directly	Provide a monthly report on the number of recently incarcerated

criminal, etc.)	addressing the needs of individuals recently released from incarceration. The Kearney Center acts as the release portal for a large population coming from the Midway, Florida facility as well as the Leon County jail and provides most all of the necessary services to address the needs of this particular population.	individuals served through the Kearney Center.
<input checked="" type="checkbox"/> Improve transportation conditions	CECS, Inc. provides monthly bus passes to most of the clients served. This encourages the use of public transportation and increases ridership on the Star Metro system.	Provide a monthly report on the number of monthly bus passes issued.
<input checked="" type="checkbox"/> Increase or improve economic activity	CECS, Inc. provide economic improvement to the community at large by spending the operational budget locally, predominately through payrolls that are again spent within the community. CECS, Inc. reduces the cost to the community of homelessness by rapidly rehousing individuals and returning them to self-sufficiency.	Provide monthly report of payroll expenditures to include the number of individuals placed in housing.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	CECS, Inc. will enhance the individual economic self sufficiency of the clients served by referring them to partnering employment agencies as well as engaging them in case	Provide a monthly report of the number of referrals that are made to partnering agencies, along with a report of clients who receive employment services by CECS, Inc.

	management that focuses on employment.	staff.
<input checked="" type="checkbox"/> Reduce recidivism	CEESC, Inc. Partners with the Big Bend After Re-entry Coalition to address the needs of recently incarcerated individuals. The Kearney Center serves as the portal for individuals released in our geographic area offering an array of services necessary for the individual to reenter society successfully, reducing recidivism.	Provide monthly report of the number of individuals recently incarcerated served at the Kearney Center.
<input checked="" type="checkbox"/> Reduce substance abuse	CEESC, Inc. partners with Disc Village to provide on-site care and counseling for individuals who are in need of and request substance abuse assistance. Off site services are made available to clients requesting assistance.	Provide monthly report of number of individuals who seek and receive substance abuse counseling.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	CEESC, Inc. provides the opportunity for approximately 20 individuals per month to perform court ordered service at the Kearney Center.	Provide monthly report on the number of individuals serving through this program
<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):		
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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	28.7%	N/A
2. Federal:	119,191	3.4%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	250,000	7.2%	Yes
4. Local:	915,000	26.3%	Yes
5. Other:	1,197,800	34.4%	No
TOTAL	3,481,991	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Comprehensive Emergency Services Center (CESC) -
 4 Homelessness Services and Residential Support;
 5 providing an appropriation; providing an effective
 6 date.

7
 8 Be It Enacted by the Legislature of the State of Florida:
 9

10 Section 1. Comprehensive Emergency Services Center (CESC)
 11 - Homelessness Services and Residential Support is an
 12 Appropriations Project as defined in The Rules of The Florida
 13 House of Representatives and is described in Appropriations
 14 Project Request 332, herein incorporated by reference.

15 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 16 of \$1,000,000 from the General Revenue Fund is appropriated to
 17 the Department of Children and Families to fund the
 18 Comprehensive Emergency Services Center (CESC) - Homelessness
 19 Services and Residential Support as described in Appropriations
 20 Project Request 332.

21 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami Project to Cure Paralysis - Spinal Cord and Traumatic Brain Injury Research Programs

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Jeanette Nunez

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:		1,000,000	1,000,000		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 Health

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 penalty for failing to meet the conditions of the contract is termination.

6. Requester:

- a. Name: Suzanne Sayfie
- b. Organization: The Miami Project to Cure Paralysis
- c. Email: SSayfie@med.miami.edu
- d. Phone #: (305)243-7146

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

- a. Name: Diana Berning
- b. Organization: The Miami Project to Cure Paralysis
- c. Email: dberning@miami.edu
- d. Phone #: (305)243-7154

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

- a. Name: Ronald Book
- b. Firm: Ronald L. Book, P.A.
- c. Email: ron@rlbookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: University of Miami Miller School of Medicine
- 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?

The goal of The Miami Project is to develop new treatments for those living with a traumatic brain injury and/or paralysis. The Miami Project's research may also benefit those individuals who have had a severely damaged limb by preventing amputation and restoring functional recovery.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Scientific Director	14,417
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Grants Specialist	27,765
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Supplies, facilities and administration	5,032
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Scientists, Post Docs, lab technicians	713,661
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Lab supplies, animals, core and F&A expenses	239,125
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
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)

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:

United Spinal Association, Paralyzed Veterans Association, The International Campaign for Cures of Spinal Cord Paralysis (ICCP), the Model Spinal Cord Injury Care System, Christine E. Lynn Foundation, Lois Pope LIFE Foundation, Craig Neilsen Foundation, Ricky Palermo Spinal Research Foundation amongst others.

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:

The American Association for the Advancement of Science (AAAS), found that Congressional cuts, along with the across-the-board reductions known as sequestration, from 2010 to 2013 resulted in the largest overall decrease in a three-year period since the end of the space race. Seen from a longer perspective, federal spending on R&D as a share of the gross domestic product has been from its peak level above 2 percent. The AAAS puts the fiscal year 2014 figure at 0.78 percent.

17. Will the requested funds be used directly for services to citizens?

No

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	Scientists will be testing to see improvement in the baseline health and strength of injured research subjects based on research protocols.	Research protocols and assessments will be used to measure findings. Quarterly and annual progress reports will be submitted.
<input type="checkbox"/> Improve mental health		

<input type="checkbox"/> Enrich cultural experience		
<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	Research spending results in increased economic growth in the private sector. State funding for the research promotes additional federal funding and private philanthropy.	A yearly analysis can be provided to determine if our scientists received additional federal and private sector grants as a result of the research progress made through the State of Florida funding.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Funding will allow The Miami Project to hire additional scientists and researchers.	A yearly report can be provided on the number of new personnel hired as a result of this funding as well as the number of existing staff that were retained that would have otherwise been laid off due to lack of financial resources.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Improved functional recovery in paralyzed individuals will allow them to return to work.	If requested, information can be collected to determine how many research subjects have been able to return to work as a result of participating in one of our clinical trials.

<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): Advancements in research may lead to new treatments into other neurological diseases and disorders	Advancements in our clinical trials and research lead to new medical treatments for those suffering from traumatic brain injury, paralysis and other neurological diseases such as MS.	If requested, a yearly report can be provided detailing ancillary research into other neurological disorders such as MS and concussion as result of this funding.

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	4.3%	N/A
2. Federal:	10,334,034	44.3%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	3,211,416	13.8%	Yes
4. Local:	614,731	2.6%	Yes

5. Other:	8,173,819	35.0%	Yes
TOTAL	23,334,000	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

HB 3025

2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Miami Project to Cure Paralysis - Spinal Cord and
4 Traumatic Brain Injury Research Programs; providing an
5 appropriation; providing an effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. Miami Project to Cure Paralysis - Spinal Cord
10 and Traumatic Brain Injury Research Programs is an
11 Appropriations Project as defined in The Rules of The Florida
12 House of Representatives and is described in Appropriations
13 Project Request 981, herein incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$1,000,000 from the General Revenue Fund is appropriated to
16 the Department of Health to fund the Miami Project to Cure
17 Paralysis - Spinal Cord and Traumatic Brain Injury Research
18 Programs as described in Appropriations Project Request 981.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Pawsitive Love Foundation - Teens Training Service Dogs for Veterans
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Mel Ponder
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	Column: B	Column: C	Column: D	Column: E	Column: 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:					150,000	150,000

5. Are funds for this issue requested in a state agency? 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 Veterans Affairs
 - 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.

For most invoiced deliverables, payment is made C.O.D. There is a personal guarantee that is signed and filed with each vendor to ensure payment and hold me personally accountable.

For deliverables/performance measures to the state, and to the Veteran: the dogs must meet and pass extensive testing with their handler. If a dog cannot meet these requirements, a different dog would be selected. Should a dog pass all testing and be placed, and need follow up training with our facility for failure to

6. Requester:

- a. Name: Steven Kotowski
- b. Organization: Pawsitive Love Foundation, Inc.
- c. Email: partners@pawsitivelovefoundation.org
- d. Phone #: (850)685-5278

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

- a. Name: Steven Kotowski
- b. Organization: Pawsitive Love Foundation, Inc.
- c. Email: partners@pawsitivelovefoundation.org
- d. Phone #: (850)685-5278

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: Pawsitive Love Foundation, Inc.
- b. County (County where funds are to be expended): Walton
- 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?

Procurement, Boarding, Training, Placement of Service Dogs for Veterans

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	Office supplies for program guides, training guides, applications, ID printer, laser printer, binders, ink, paper, website fees	2,880
<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	Dog Procurement, Dog Travel/Transport - including kennel inspections and dog evaluations by evaluator, Other Travel Expenses including Airfare/Meals/Vehicle Allowance, Veterinary Expenses, Boarding, Handler Equipment (vest,	104,620

	harness, collars, leash), Travel for Veterans including hotel and food allowance,	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Obedience training, individualized task training, training consultant	42,500
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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?

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?

College bound and at-risk high school students needing volunteer hours will be awarded hours for participation in training of Service Dogs for Veterans

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

Trained Service Dogs will be given to wounded Veterans to assist with PTSD, Traumatic Brain Injury, and Mobility issues at no cost to the Veteran, along with continued support training

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): Military Veterans

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 checked="" type="checkbox"/> Improve mental health	Veterans with a Service Dog are shown to have less depression, increased cognitive response, and a general sense of well being because the dog not only comforts them, but also helps calm them when faced with ordinary tasks that have become difficult to accomplish. This might include going to the grocery store, doctor appointments, or the local coffee shop. comforts them, but also helps calm them when faced with ordinary tasks that have become difficult to	It is widely known that 22 Veterans commit suicide each day across the US. I think the method for measuring would be to see that number go down in our state. We can also see Veterans in our everyday lives, doing things we consider normal.
<input checked="" type="checkbox"/> Enrich cultural experience	By giving high school students an opportunity to better understand the community that surrounds them, we can teach them about respect for others, and for themselves. Increased volunteer participation would be a great way to measure the benefit.	We can measure this based on each school that we bring into the program after a period of 3 full years
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Real life experiences from a 3rd party often times lead high school students to make better decisions. Increased graduation rates would be a great way to measure the program benefits	Comparisons of graduation rates of at-risk teens at the individual school level would be an easy way to measure benefit

<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 type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Some disabled Veterans could actually work if they had a Service Dog that would help them with PTSD and TBI stress	Compare current unemployment numbers for disabled Veterans to future numbers
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	At-Risk teens will have an experience in helping others. Less occurrence of crime would be a benefit of learning to help others versus harming others	Compare current rates of teen crime to future levels. School grades should also improve over time
<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): Community	The entire community is affected by	Families are kept whole. This is

Awareness/Prevention of Suicide	suicide of our Veterans. Families are left without parents, income is lost, and children of suicide are more likely to struggle in life	measurement is self described
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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:	150,000	81.1%	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:	35,000	18.9%	No
5. Other:	0	0.0%	No
TOTAL	185,000	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Pawsitive Love Foundation - Teens Training Service
 4 Dogs for Veterans; providing an appropriation;
 5 providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Pawsitive Love Foundation - Teens Training
 10 Service Dogs for Veterans is an Appropriations Project as
 11 defined in The Rules of The Florida House of Representatives and
 12 is described in Appropriations Project Request 1016, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$150,000 from the General Revenue Fund is appropriated to the
 16 Department of Veterans Affairs to fund the Pawsitive Love
 17 Foundation - Teens Training Service Dogs for Veterans as
 18 described in Appropriations Project Request 1016.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Gracepoint - 7 Crisis Stabilization Beds
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Jackie Toledo
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:		250,000	250,000		848,000	848,000

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 Children and Families
 - 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.
Underutilization of the CSU beds would result in a future adjustment in funding, usually below actual utilization.

6. Requester:

- a. Name: Joe Rutherford
- b. Organization: Mental Health Care, DBA Gracepoint
- c. Email: jrutherford@gracepointwellness.org
- d. Phone #: (813)239-8083

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

- a. Name: Joe Rutherford
- b. Organization: Mental Health Care, DBA Gracepoint
- c. Email: jrutherford@gracepointwellness.org
- d. Phone #: (813)239-8083

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

- a. Name: Larry Overton
- b. Firm: Larry J Overton and Associates
- c. Email: loverton@loverton.net
- d. Phone #: (850)224-2859

9. Organization or Name of entity receiving funds:

- a. Name: Mental Health Care, Inc DBA Gracepoint
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Hillsborough, Pasco, Pinellas

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?

Data demonstrates that Gracepoint consistency serves a daily average of 39 indigent Baker Act patients. In order to adequately meet the needs of Hillsborough County, Gracepoint is requesting consideration to increase last year's funding back to \$848,000 (Currently at \$250,000), in order to avoid reduction of Baker Act bed capacity. This project allows Gracepoint to be funded for a total of 34 indigent CSU beds (27 beds with recurring funding and 7 additional with this non recurring project).

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	CSU personnel and associated benefits	715,936
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Supplies, facility, and insurance	64,349
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Meals, Medications, and Pharmacy	67,715
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		848,000

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:

These 7 beds have been funded since 2014 and total 34 indigent beds in conjunction with the 27 recurring beds. As Gracepoint is designated as one of the Central Receiving Facilities, our grant application included letters of commitment from Hillsborough's Sheriff, County Commissioners, Public Safety Council, TPD.

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:

In May, 2016, DCF identified the need for \$42.4 million for 351 state funded Baker Act beds to make Florida whole with a ratio of 1 bed per 10,000 population. Hillsborough County's population of 1.3 million indicates a need of 130 beds. Only 45 indigent CSU beds currently exist (Gracepoint and Northside) with daily utilization exceeding the number of beds funded.

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?

Treating Baker Act indigent patients on a CSU will save the state money by:

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

The Baker Act beds which were closed due to last year's reduction will be reopened and Baker Act patients will have access to Crises Stabilization services.

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 checked="" type="checkbox"/> Improve mental health	<p>Treating Baker Act indigent patients on a CSU will save the state money by: Reducing more costly admissions to state hospital. Allows for immediate CSU admission versus the utilization of Emergency Rooms and LIP dollars. Reduces the use of jails as mental health facilities</p> <p>Coordination of care upon discharge by Gracepoint supports the statewide system of care by managing re-entry and follow-up services designed to reduce recidivism rates.</p>	<p>Performance measures to be used are readmission rates, average length of stay, number served, number of bed days utilized and cost per bed day.</p>
<input type="checkbox"/> Enrich cultural experience		
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<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:	848,000	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	848,000	50.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,696,000	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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Gracepoint - 7 Crisis Stabilization Beds; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Gracepoint - 7 Crisis Stabilization Beds is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 586, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 13 of \$848,000 from the General Revenue Fund is appropriated to the
 14 Department of Children and Families to fund the Gracepoint - 7
 15 Crisis Stabilization Beds as described in Appropriations Project
 16 Request 586.

17 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Veterans Foundation
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Sam Killebrew
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 <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	Column: B	Column: C	Column: D	Column: E	Column: 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:					350,000	350,000

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 Veterans Affairs
 - 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.
Financial penalties will be imposed for failing to meet deliverables or performance measures.

6. Requester:

- a. Name: Dennis Baker
- b. Organization: Florida Veterans Foundation
- c. Email: bakerd@fdva.state.fl.us
- d. Phone #: (850)488-4181

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

- a. Name: Dennis Baker
- b. Organization: Florida Veterans Foundation
- c. Email: bakerd@fdva.state.fl.us
- d. Phone #: (850)488-4181

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: Florida Veterans Foundation
- b. County (County where funds are to be expended): Statewide
- 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 meet the needs of Florida's over 1.6 Million Veterans through education/outreach/best practices in Benefits, Employment, Transportation, Mental Health/PTSD Therapy, Emergency Financial Assistance, prevention of suicides and reduction in homelessness.

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	President	65,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel, Veterans Statewide Emergency Financial Assistance, Education, Employment, Community Outreach, Benefits Guides, Mental Health/PTSD, Transportation, Homeless Stand Down, Veterans in Assisted Living Facilities. Suicide Prevention. Capitol Veterans Memorial.	245,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Accounting, Auditing, Outreach	40,000
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		350,000

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?

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?

To meet the needs of over 1.6 Million Florida Veterans through direct services in education/outreach/best practices of Benefits, Employment, Transportation, Mental Health/PTSD Therapy, Emergency Financial Assistance, prevention of suicides and reduction in homelessness.

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

Deliverables in education of benefits, resources, eradications of homelessness through stand downs, emergency financial assistance, mental health outreach through best practices in connectivity of provider to veteran. Transportation of Veterans to meet medical needs.

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): All Florida Veterans and their Families

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	Veterans making medical appointments.	Numbers served.
<input checked="" type="checkbox"/> Improve mental health	Improve mental health by more readily connecting veterans to resources.	Reducing the number of Veteran Suicides.

<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Improve quality of education for Veterans through connectivity of resources to Veteran Population.	Review of educational growth in number of Veterans through educational institutions.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Engage Veterans with criminal offenses with Veterans Treatment Court.	Review Statewide statistics through participating counties.
<input checked="" type="checkbox"/> Improve transportation conditions	Provide greater mobility to Florida Veterans. Educate Local Transportation Boards and County Veteran Services Officers with Transportation Disadvantaged and Disabled American Veterans Program. Support continued education of available resources with emphasis on rural areas of the state.	Review statistics of prior year to current year of Veterans transportation provided.
<input checked="" type="checkbox"/> Increase or improve economic activity	Provide productive avenues for homeless veterans through statewide stand downs, decreasing dependency on welfare.	Reduction of Veteran Homelessness.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Work with Career Source, SHRM, and HR Florida to make available mentorship and job opportunity.	Review unemployment rate among Veterans.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Enhanced Veteran's Self-sufficiency	Review of state homelessness rate and emergency financial assistance

	through earned benefits education.	rate.
<input checked="" type="checkbox"/> Reduce recidivism	Reduce recidivism with Veterans through Veteran Treatment Court System. Promote and Expand Veteran Treatment Court program statewide. v	Review of numbers of recidivism throughout State.
<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:	350,000	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	350,000	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

HB 3325

2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Florida Veterans Foundation; providing an
4 appropriation; providing an effective date.

5

6 Be It Enacted by the Legislature of the State of Florida:

7

8 Section 1. Florida Veterans Foundation is an
9 Appropriations Project as defined in The Rules of The Florida
10 House of Representatives and is described in Appropriations
11 Project Request 738, herein incorporated by reference.

12 Section 2. For fiscal year 2018-2019 the nonrecurring sum
13 of \$350,000 from the General Revenue Fund is appropriated to the
14 Department of Veterans Affairs to fund the Florida Veterans
15 Foundation as described in Appropriations Project Request 738.

16 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Charlotte Behavioral Health Care - Charlotte County Community Action Treatment Team
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Michael Grant
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:		750,000	750,000		750,000	750,000

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 Children and Families
 - 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.
Failure to meet deliverables equals a prorated financial consequence.

6. Requester:

- a. Name: Victoria Scanlon
- b. Organization: Charlotte Behavioral Health Care, Inc.
- c. Email: vscanlon@cbhcfl.org
- d. Phone #: (941)639-8300

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

- a. Name: Derek Rogers
- b. Organization: Charlotte Behavioral Health Care, Inc.
- c. Email: drogers@cbhcfl.org
- d. Phone #: (941)639-8300

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

- a. Name: Meghan Hoza
- b. Firm: The P5 Group
- c. Email: meghan@thep5group.com
- d. Phone #: (772)485-0693

9. Organization or Name of entity receiving funds:

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

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 goal of this contract is to address mental health and physical health care needs in cases where traditional mental health service interventions have not worked. The CAT program utilizes a multidisciplinary and person-centered approach to coordinate treatment interventions and natural supports tailored to the individual needs of youth or young adults, allowing them to successfully remain in their community.

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	COO, AVP of Operations, IT Director, Quality Director, Records, Utilization Management, Crisis Support Director, Human Resources Director	93,191
<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	CAT Model Staffing Requirements Team Leader, MH Clinicians, Case Managers, Mentors, MD/ARNP, RN/LPN, Support Staff	539,878
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Building Occupancy, Professional Services, Travel, Equipment, Medical and Pharmacy, Insurance, Supplies, Educational Programs, and Client Incidentals	116,931

<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:

Community members such as the local Board of County Commissioners, Sheriff's office, Together Charlotte and the Charlotte County School District

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?

An array of mental health and co-occurring substance abuse services to youth. This would include, crisis intervention, in-home therapy and counseling, case management (linkage to community support services, housing, medical services, etc), psychiatric evaluation and medication management services, mentoring.

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

An array of mental health and co-occurring substance abuse services to youth. This would include, crisis intervention, in-home therapy and counseling, case management (linkage to community support services, housing, medical services, etc), psychiatric evaluation and medication management services, mentoring.

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 checked="" type="checkbox"/> Improve mental health	80% of individuals served will show an improvement in their level of functioning.	Children's Functional Assessment Rating Scale... DCF Measure "CFARS"
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Individuals served will attend school a minimum of 80% of the time.	DCF Outcomes Rating
<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 type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Individuals served will spend a minimum of 90% of the year in community (not incarcerated, not in residential or intensive treatment	DCF Outcome Measures

	setting).	
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Individuals served will spend a minimum of 90% of the year in community (not incarcerated, not in residential or intensive treatment setting).	DCF Outcome Measures
<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:	750,000	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	750,000	100%	
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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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Charlotte Behavioral Health Care - Charlotte County
 4 Community Action Treatment Team; providing an
 5 appropriation; providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Charlotte Behavioral Health Care - Charlotte
 10 County Community Action Treatment Team is an Appropriations
 11 Project as defined in The Rules of The Florida House of
 12 Representatives and is described in Appropriations Project
 13 Request 580, herein incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$750,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the Charlotte
 17 Behavioral Health Care - Charlotte County Community Action
 18 Treatment Team as described in Appropriations Project Request
 19 580.

20 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ounce of Prevention Fund of Florida - Florida Children's Initiative
2. Date of Submission: 11/08/2017
3. House Member Sponsor: Tracie Davis
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? > 5 years
- 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:					500,000	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 Children and Families
 - 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.
Calculate unit cost and withhold that amount for each unit of service not provided/client not served

6. Requester:

- a. Name: Winifred P. Heggins
- b. Organization: Ounce of Prevention Fund of Florida
- c. Email: wheggins@ounce.org
- d. Phone #: (850)933-2846

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

- a. Name: Winifred P. Heggins
- b. Organization: Ounce of Prevention Fund of Florida
- c. Email: wheggins@ounce.org
- d. Phone #: (850)933-2846

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: Ounce of Prevention Fund of Florida
- b. County (County where funds are to be expended): Duval, Hillsborough, Miami-Dade, Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Duval, Hillsborough, Miami-Dade, Orange

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?

Parent education and training; reduce verified child abuse and neglect cases; reduce out of home placements; substance abuse prevention education; youth life skills education

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Subcontract with each of the Florida Children's Initiative communities	500,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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:

FS 409.147 created the Florida Children's Initiatives in 2008. Additionally, each community has garnered local funding to support this "cradle to career" strategy

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:

The original three (Orlando, Jacksonville, and Liberty City) have completed third party evaluations for 2014-15 and 2016-17. No funding was received for

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?

Parent education and training; reduce verified child abuse and neglect cases; reduce out of home placements; substance abuse prevention education;

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

Parent education and training; reduce verified child abuse and neglect cases; reduce out of home placements; substance abuse prevention education;

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): at risk families

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 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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	substance abuse prevention education	number of sessions offered/number attending at least 70% of the sessions
<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): Stabilize and support at risk	Parent education and training; reduce verified child abuse and neglect	#successfully completing parent education; reduction in verified abuse

families	cases; reduce out of home placements; youth life skills education	cases; reduction in out of home placements; number attending at least 70% of life skills sessions
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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:	500,000	7.0%	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:	4,000,000	56.3%	Yes
5. Other:	2,600,000	36.6%	Yes
TOTAL	7,100,000	100%	

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

No

HB 3605

2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Ounce of Prevention Fund of Florida - Florida
4 Children's Initiative; providing an appropriation;
5 providing an effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. Ounce of Prevention Fund of Florida - Florida
10 Children's Initiative is an Appropriations Project as defined in
11 The Rules of The Florida House of Representatives and is
12 described in Appropriations Project Request 338, herein
13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$500,000 from the General Revenue Fund is appropriated to the
16 Department of Children and Families to fund the Ounce of
17 Prevention Fund of Florida - Florida Children's Initiative as
18 described in Appropriations Project Request 338.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Five Points Technology Group - Electronic Personal Health Records for Foster Children
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Kathleen Peters
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
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:		350,000	350,000		350,000	350,000

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 Children and Families
 - 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.
Provider will not receive funds if services are not delivered.

6. Requester:

- a. Name: Elizabeth Van Acker
- b. Organization: Five Points Technology Group
- c. Email: elizabeth.vanacker@fiveptg.com
- d. Phone #: (850)528-5444

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

- a. Name: Elizabeth Van Acker
- b. Organization: Five Points Technology Group
- c. Email: elizabeth.vanacker@fiveptg.com
- d. Phone #: (850)528-5444

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

- a. Name: Claudia Davant
- b. Firm: Adams St Advocates
- c. Email: claudia@admsstadvocates.com
- d. Phone #: (850)567-0979

9. Organization or Name of entity receiving funds:

- a. Name: Five Points Technology Group
- b. County (County where funds are to be expended): Manatee
- 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?

The PHR system allows the data and documents, critical to a youth's transition into adulthood, available quickly and effectively to a youth or caregiver in electronic and even mobile format. This increases the likelihood of the youth receiving all of these important documents, photos, and history versus they current paper process.

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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Management of the system	350,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		350,000

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?

Yes

14a. Will this information technology project be managed within a state agency to support state agency program goals?

Yes

14b. What is the total cost (all years) to design and build the project?

350,000

14c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?

350,000

14d. Can the state agency fund the ongoing annual recurring costs within its current operating budget?

No

14e. What are the specific business objectives or needs the IT project is intended to address?

To give the caregiver access to this information immediately upon placement of the youth instead of the lag time it may take to obtain the paper file.

14f. Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?

Output data: The potential system user base is for all children in DCF care and their caregivers, approximately 54,000 users. Outcome data: System availability required to be at 98.5%; system has been available at least 99.9% of the time for the current fiscal year.

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:

Florida's Children First

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:

There has not been a study by an independent 3rd party, but DCF procured these services and determined the annual price of \$350,000 to be the best value among all vendors who applied.

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?

Host the PHR system for the Department's User Community. Maintain web-site availability twenty-four (24) hours a day, seven (7) days a week. Maintain a monthly system availability of 98.5% or greater each month.

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

The PHR system allows the data and documents, critical to a youth's transition into adulthood, available quickly and effectively to a youth or caregiver in electronic and even mobile format. This increases the likelihood of the youth receiving all of these important documents, photos, and history versus they current paper process.

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): foster children and foster parents

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 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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		

<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 checked="" type="checkbox"/> Other (Please describe): Improving quality of life for foster children	Access to health records	Output data: number of clients served and documents saved; outcome data: system availability

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:	350,000	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	350,000	100%	
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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

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Five Points Technology Group - Electronic Personal
 4 Health Records for Foster Children; providing an
 5 appropriation; providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Five Points Technology Group - Electronic
 10 Personal Health Records for Foster Children is an Appropriations
 11 Project as defined in The Rules of The Florida House of
 12 Representatives and is described in Appropriations Project
 13 Request 852, herein incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$350,000 from the General Revenue Fund is appropriated to the
 16 Department of Children and Families to fund the Five Points
 17 Technology Group - Electronic Personal Health Records for Foster
 18 Children as described in Appropriations Project Request 852.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Removing the Barriers Initiative - Stirring Waters, Aquatic Services
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Ben Albritton
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 <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:					2,000,000	2,000,000

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? 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.
State funds will be returned

6. Requester:

- a. Name: Bill Redmon
- b. Organization: Removing the Barriers Initiative
- c. Email: bill@removingthebarriers.com
- d. Phone #: (863)632-1924

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

- a. Name: Bill Redmon
- b. Organization: Removing the Barriers Initiative
- c. Email: bill@removingthebarriers.com
- d. Phone #: (863)632-1924

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: Removing the Barriers Initiative
- b. County (County where funds are to be expended): Polk
- 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?

1. To improve the quality of life for people with disabilities by providing a place where they can safely and appropriately experience an enjoyable aquatic experience that can include the whole family or friends. One that can be fully experienced even by a person who is quadriplegic.
2. To provide a unique form of physical and emotional therapy that encourages the patient to go to the limits of their ability. Designed in cooperation with therapists and aquatic professionals.

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	Travel to network various organizations who serve people with disabilities, to raise funds and awareness, to attend meetings and conferences, and to generally coordinate the process.	24,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	To contract for services in creating the appropriate organizational infrastructure, legal standing, and needed studies.	76,000
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	To cover partial Phase 1 costs associated with landscape, aquatic and building design; surveying, civil aquatic engineering, infrastructure of roads, retaining walls, fences, water, sewer, storm water, and fire protection; and construction management.	1,900,000
TOTAL		2,000,000

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?

Yes

15a. Please Describe:

Letters of support from elected officials - Representatives Ben Albritton and Mike La Rosa, Mayor Eugene Fultz, and Heather Taylor, Ms

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:

Study 1 by the Health Science Department at Polk State College (2012). Study 2 by Webber International University MBA Department

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 purpose of the funds is to remove the barriers to great experiences for people with disabilities by blending therapy and recreation into "Adventure Therapy." Adventure Therapy will be in the forms of aquatic therapeutic experiences not currently available to many of those with more profound disabilities and the opportunity to participate in the experiences with their more able bodied family members. They will include swimming, rafting, team play, testing their limits, and receiving personal

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

We will provide individualized Adventure Therapy protocols in facilities that are the most disabilities appropriate in the world, Their participation will be scheduled so we can assure that their Adventure Therapy experience will be complete. They will have access to specialized educational opportunities in areas that are designed to improve their quality of life. We will use water in a variety of forms to stimulate their senses and encourage them to exercise their bodies, minds and spirits.

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): Injured Veterans and Families living with disabilities

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	Using an enjoyable experience to motivate a patient to exercise, stretch and build stamina in a safe setting.	Physical, Occupational, and Aquatic Therapists will operate programs and file reports.
<input checked="" type="checkbox"/> Improve mental health	Helping those who are typically left out of the mainstream of community activities to realize they have a place. It will build self esteem, self confidence, better social skills and a better outlook on life, thus likely prolonging life.	Programs will be run by mental health professionals and Certified Speech Therapists who will file reports.
<input checked="" type="checkbox"/> Enrich cultural experience	Art and music will be a part of the intentional design and program, particularly when it involves self expression.	Programs will be set up by professionals within each particular art field, activities will be monitored and records will be kept.

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	It will improve the quality of education for those who are in the field of mental and physical health by creating partnerships with teaching.	Courses will be offered by recognized colleges, universities, and mental and physical health provider training
<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	Families with disabilities traveling into the area will need lodging, food, gas and other services. It may well become a center of aquatic therapy and a magnet for everything connected to that industry.	Participation/Attendance records will be kept. We will work with the local Chamber of Commerce and Economic Development Council to monitor the results.
<input checked="" type="checkbox"/> Increase tourism	We will have the potential to serve 1,000 families living with disabilities each week. If we hold those families one more day in Central Florida we will impact the hotel and restaurant business by over \$15 million annually.	We will track participant data with a registration process, with surveys and arrangements with hotels and restaurants.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	It will create construction jobs in the construction phase. It will employ 25 or more part time lifeguards. It will provide jobs in the health care field for those providing therapeutic services.	Employment records will be kept.

<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	We anticipate auxiliary programs to develop which will provide employment for people with disabilities who have had their self worth increased by involvement with Stirring Waters.	These auxiliary programs will be self evident and maintain records that track the improvement in the lives of their participants.
<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:	2,000,000	20.0%	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:	4,000,000	40.0%	No
5. Other:	4,000,000	40.0%	No
TOTAL	10,000,000	100%	

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

No

HB 3735

2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Removing the Barriers Initiative - Stirring Waters,
4 Aquatic Services; providing an appropriation;
5 providing an effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. Removing the Barriers Initiative - Stirring
10 Waters, Aquatic Services is an Appropriations Project as defined
11 in The Rules of The Florida House of Representatives and is
12 described in Appropriations Project Request 614, herein
13 incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$2,000,000 from the General Revenue Fund is appropriated to
16 the Agency for Persons with Disabilities to fund the Removing
17 the Barriers Initiative - Stirring Waters, Aquatic Services as
18 described in Appropriations Project Request 614.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Crohn's & Colitis Foundation - University of Florida Research on Colitis Associates Colorectal Cancer
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Lori Berman
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:					50,000	50,000

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 Health
 - 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.

This is a research project being conducted at the University of Florida. It is a Fellowship Award that has reportable deliverables and performance measurements based on the outcome of the research. As outlined in the award, if these deliverables are not met the funding could be revoked.

6. Requester:

- a. Name: Kathleen Keohane
- b. Organization: Crohn's & Colitis Foundation of America
- c. Email: kkeohane@ccfa.org
- d. Phone #: (561)218-2929

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

- a. Name: Kathleen Keohane
- b. Organization: Crohn's & Colitis Foundation of America
- c. Email: kkeohane@ccfa.org
- d. Phone #: (561)218-2929

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

- a. Name: Nick Matthews
- b. Firm: Becker & Poliakoff
- c. Email: nmatthews@bplegal.com
- d. Phone #: (954)985-4134

9. Organization or Name of entity receiving funds:

- a. Name: Crohn's & Colitis Foundation
- b. County (County where funds are to be expended): Alachua
- 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?

This grant will help fund a Fellowship Research Award being conducted at the University of Florida. Its purpose is to define how cancer activities derived from E. Coli NC101 are influenced by IBD-relevant anti-inflammatory drugs.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Project Head/Primary Investigator: In keeping with the funding terms of this traditional Research Fellowship Award, the primary investigator's (Ye Yang) salary and benefits would be fulfilled with this funding for the amount of time that the award is granted for.	50,000
<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 type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		50,000

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:

There have been many publications that show the need to further explore the link between intestinal inflammation and cancer-inducing activities of the gut microbiota. since IBD patients are at an increased risk for colorectal cancer, this area of study is a priority for the Crohn's and Colitis Foundation of America (CCFA) and other IBD researchers.

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:

There have been many publications that show the need to further explore the link between intestinal inflammation and cancer-inducing activities of the gut microbiota. since IBD patients are at an increased risk for colorectal cancer, this area of study is a priority for the Crohn's and Colitis Foundation and other IBD researchers.

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 results of this important research study may lead to a breakthrough in diagnostics and treatments for patients with Crohn's disease and/or ulcerative colitis, directly impacting patients' quality of life.

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

The results of the research have the potential to directly impact patients with Crohn's disease and/or ulcerative colitis (IBD).

Understanding of the mechanism by which intestinal inflammation influences bacteria derived cancer activities. Leading to the design of therapeutic intervention aimed at limiting cancer activity.

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): Patients with Crohn's disease and/or ulcerative colitis (IBD Patients) estimated to be 1.6 million

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	Understanding of the mechanism by which intestinal inflammation influences bacteria derived cancer activities. Leading to the design of therapeutic intervention aimed at limiting cancer activity.	Progress report of the study is required to be submitted to a subcommittee of CCFA's Nation Scientific Advisory Committee made up of scientists, researchers and lay people. Reports are reviewed and approved before the next year of funding is released.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<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:	50,000	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	50,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Crohn's & Colitis Foundation - University of Florida
 4 Research on Colitis Associates Colorectal Cancer;
 5 providing an appropriation; providing an effective
 6 date.

7
 8 Be It Enacted by the Legislature of the State of Florida:

9
 10 Section 1. Crohn's & Colitis Foundation - University of
 11 Florida Research on Colitis Associates Colorectal Cancer is an
 12 Appropriations Project as defined in The Rules of The Florida
 13 House of Representatives and is described in Appropriations
 14 Project Request 470, herein incorporated by reference.

15 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 16 of \$50,000 from the General Revenue Fund is appropriated to the
 17 Department of Health to fund the Crohn's & Colitis Foundation -
 18 University of Florida Research on Colitis Associates Colorectal
 19 Cancer as described in Appropriations Project Request 470.

20 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Camillus House Human Trafficking Recovery Program
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Michael Bileca
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:		500,000	500,000		500,000	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 Children and Families
 - 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.

As per contract, corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance under this Contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans. The increments of penalty imposition that shall apply, unless the Department determines that extenuating circumstances exist, shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance.

6. Requester:

- a. Name: Hilda M. Fernandez
- b. Organization: Camillus House, Inc.
- c. Email: hfernandez@camillus.org
- d. Phone #: (305)374-1065

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

- a. Name: Eduardo Gloria
- b. Organization: Camillus House, Inc.
- c. Email: eduardog@camillus.org
- d. Phone #: (305)374-1065

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

- a. Name: Monica Rodriguez
- b. Firm: Ballard Partners
- c. Email: monica@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of entity receiving funds:

- a. Name: Camillus House, 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): Broward, Miami-Dade, Monroe

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 Camillus House Camillus House Human Trafficking Recovery Program is designed to expand and concentrate services for adult-aged women who are victims of human trafficking. The funding requested for this project will support ongoing operational expenses and staffing for the program.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Director of Psychological Services	25,000
<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	5 FTE equivalent clinical, case management and residential support	350,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Food, facility costs, life skills, educational/vocational, transportation services	125,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		500,000
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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:

Letter of Support from SA Katherine Fernandez Rundle to be provided.

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?

Supportive and clinical services assist victims through several phases including: 1) crisis intervention and assessment; 2) comprehensive assessment and case management; and 3) social reintegration.

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

Supportive and clinical services assist victims through several phases including: 1) crisis intervention and assessment; 2) comprehensive assessment and case management; and 3) social reintegration.

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): Victims of human trafficking

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 checked="" type="checkbox"/> Improve mental health	50% of adult victims of human trafficking participating in the Human Trafficking Recovery Program will	In agreement with DCF, this is determined by individuals who successfully complete treatment and

	successfully complete treatment.	as such are stabilized.
<input type="checkbox"/> Enrich cultural experience		
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Average number of days worked for pay by program participants will be at least 20 # and % of clients successfully completing treatment who retain 9 months employment with the DDA	The program tracks the number of days spent in work therapy as well as the number of days worked for pay in program. Clients enter the work program (Phase 3/aftercare) upon successful completion of treatment.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Adults provided with Substance Abuse (SA) treatment will be at least 25% of adults who successfully complete substance abuse treatment services will be at least 51%	In agreement with DCF, the structure of the program best services individuals with SA over the age of 25 In agreement with DCF, the percentage of individuals successfully completing treatment is determined by dividing the number of individuals

		who complete Phase 2 by the total number of individuals in the program
<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): Reduce impact of human trafficking on community.	A minimum of 3 adult victims of human trafficking will receive Human Trafficking Recovery Program service each month. 100% of adult victims of human trafficking participating in the Human Trafficking Recovery Program will have a service plan that is updated every 30 days 70% of adult victims of human trafficking successfully completing treatment in the Human Trafficking Recovery Program will move on to permanent housing upon discharge from the program	The program has minimum performance standards as well as outcomes as agreed contractually with DCF. A minimum of three individuals must be served every month, this is documented through maintenance of a census. All clients have service plan updates every 30 days, these plans are signed by both client and case manager and stored in the Homeless Management Information System. Discharge destination on successful completion is recorded and this measure tracks positive placement into housing

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:	500,000	95.2%	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	4.8%	Yes
TOTAL	525,000	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

HB 3813

2018

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Camillus House Human Trafficking Recovery Program;
4 providing an appropriation; providing an effective
5 date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. Camillus House Human Trafficking Recovery
10 Program is an Appropriations Project as defined in The Rules of
11 The Florida House of Representatives and is described in
12 Appropriations Project Request 513, herein incorporated by
13 reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
15 of \$500,000 from the General Revenue Fund is appropriated to the
16 Department of Children and Families to fund the Camillus House
17 Human Trafficking Recovery Program as described in
18 Appropriations Project Request 513.

19 Section 3. This act shall take effect July 1, 2018.

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Citrus Health Network - CHANCE Campus for Commercially Sexually Exploited Youth
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Nicholas Duran
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 <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:					2,000,000	2,000,000

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 Children and Families
 - 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: Mario Jardon
- b. Organization: Citrus Health Network, Inc.
- c. Email: mario@citrushealth.com
- d. Phone #: (305)424-3100

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

- a. Name: Mario Jardon
- b. Organization: Citrus Health Network, Inc.
- c. Email: mario@citrushealth.com
- d. Phone #: (305)424-3100

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

- a. Name: Monica Rodriguez
- b. Firm: Ballard Partners
- c. Email: monica@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of entity receiving funds:

- a. Name: Citrus Health Network, 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): Broward, 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?

The purpose of this capital request is to commence the development of a campus to serve Commercially Sexually Exploited Children (CSEC), ages 12-18, who are victims of human trafficking. Upon completion, the projected campus will provide a full, comprehensive continuum of care for CSEC youth including a Statewide Inpatient Psychiatric Program (SIPP), Specialized Therapeutic Group Homes, foster homes, and an educational facility. The campus will be on a 26-acre parcel of land in northwest Miami

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	Repairing existing structure on 26- acre parcel of land to serve as a Statewide Inpatient Psychiatric Program	2,000,000
TOTAL		2,000,000

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?

Yes

15a. Please Describe:

The Florida Department of Children and Families has leased Citrus Health Network a 26-acre parcel of land in Northwest Miami-Dade County for a period of 50 years. The property was leased for the development of a full, comprehensive continuum of care for CSEC youth including a Statewide Inpatient Psychiatric Program (SIPP), Specialized Therapeutic Group Homes, foster homes, and an educational facility, as well as for rehabilitative and therapeutic programs.

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 purpose of this capital request is to commence the development of a campus to serve Commercially Sexually Exploited Children (CSEC), ages 12-18, who are victims of human trafficking.

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

Upon completion, the projected campus will provide a full, comprehensive continuum of care for CSEC youth including a Statewide Inpatient Psychiatric Program (SIPP), Specialized Therapeutic Group Homes, foster homes, and an educational facility. The campus will be on a 26-acre parcel of land in northwest Miami-Dade County that the Florida Department of Children and Families leased to Citrus Health Network (CHN) for a period of 50 years to develop and provide such rehabilitative and therapeutic

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): Commercially Sexually Exploited Children who are victims of human trafficking

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	Number of participants admitted to the SIPP.	All children served in the CHANCE campus SIPP program gram will receive integrated behavioral health and primary care services. The client will have a record in the primary care electronic health record
<input checked="" type="checkbox"/> Improve mental health	Number of participants admitted to the SIPP.	All children served in the CHANCE campus SIPP program gram will receive integrated behavioral health and primary care services. The client will have a record in the behavioral health electronic health record.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Educational outcomes include: attendance, grades, suspensions, expulsions, referrals for behavior	Data is collected by the University of South Florida for all youth enrolled in the CHANCE evaluation on demographics (age, race/ethnicity, gender) and several key outcome measures focused on the assessment of youth functioning at home, school and in the community.
<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 type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Children and Adolescent Needs and Strength- Commercially Sexually Exploited (CANS-CSE) Assessment of Youth Strengths measuring Vocational strengths	For recipients 16 years of age or older, specialized groups will be provided for vocational rehabilitation and independent living skills. Assessment done at admission, every three months, and at discharge.
<input checked="" type="checkbox"/> Reduce recidivism	State mandated critical incident reporting system	Critical incidents include time in locked settings, DJJ and FDLE contacts, offense types, Baker Act initiations, and runaway episodes.
<input checked="" type="checkbox"/> Reduce substance abuse	Children and Adolescent Needs and Strength- Commercially Sexually Exploited (CANS-CSE) Assessment of Youth Substance Use Behaviors	SIPP program will include group therapy focused on substance abuse. Assessment done at admission, every three months, and at discharge.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	State mandated critical incident reporting system	Critical incidents include time in locked settings, DJJ and FDLE contacts, offense types, Baker Act initiations, and runaway episodes.
<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:	2,000,000	66.7%	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:	1,000,000	33.3%	Yes
TOTAL	3,000,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Citrus Health Network - CHANCE Campus for Commercially
 4 Sexually Exploited Youth; providing an appropriation;
 5 providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Citrus Health Network - CHANCE Campus for
 10 Commercially Sexually Exploited Youth is an Appropriations
 11 Project as defined in The Rules of The Florida House of
 12 Representatives and is described in Appropriations Project
 13 Request 910, herein incorporated by reference.

14 Section 2. For fiscal year 2018-2019 the nonrecurring sum
 15 of \$2,000,000 from the General Revenue Fund is appropriated to
 16 the Department of Children and Families to fund the Citrus
 17 Health Network - CHANCE Campus for Commercially Sexually
 18 Exploited Youth as described in Appropriations Project Request
 19 910.

20 Section 3. This act shall take effect July 1, 2018.