

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Easterseals Vocational Training and Education for Adults with Disabilities
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Tommy Gregory
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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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:					983,888	983,888

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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.

Failure to produce deliverables or to meet performance goals and measures could result in delayed disbursements, termination, and reimbursement of state funds.

6. Requester:

- a. Name: Tom Waters
- b. Organization: Easterseals Southwest Florida
- c. Email: twaters@easterseals-swfl.org
- d. Phone #: (941)355-7637

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

- a. Name: Jacque Ruch
- b. Organization: Easterseals Southwest Florida
- c. Email: jruch@easterseals-swfl.org
- d. Phone #: (941)355-7637

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

- a. Name: Nicole Kelly
- b. Firm: Colodny Fass, P.A.
- c. Email: nraganella@colodnyfass.com
- d. Phone #: (850)322-8553

9. Organization or Name of entity receiving funds:

- a. Name: Easterseals Southwest Florida
- b. County (County where funds are to be expended): Manatee
- 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?

Through construction of the Intergeneration Center of Excellence, children and adults served will obtain inclusive education, vocational, and therapeutic services in a save, accessible, and efficient facility thoughtfully designed to meet the needs of persons with unique abilities.

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: Director of adult services and art .5 FTE	41,688
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salary and benefits: Manager of vocational services	58,500
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Mileage, and training travel	4,200
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Training	7,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	1 Business development assistant plus benefits 1 Virtual reality technician plus benefits 1 Equine assisted learning instructor plus benefits 4 direct support professionals plus benefits 3 job coaches plus benefits 1 lead job coach plus benefits 1 lead direct support professional plus benefits 3 art job coaches plus benefits 1 art teacher plus benefits 1 art assistant	617,500

	plus benefits	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Rent - art Rent - virtual reality Furnishings Program supplies Consumables Technology	215,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Creation of virtual reality modules	40,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		983,888

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Post-secondary job training services utilizing virtual reality opportunities for adults with significant physical and intellectual disabilities of all ages and people with disabilities with ASD ages 22-30 through customized employment opportunities including art, equine, retail, and cafe programs.

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

Job coaching and instruction in non traditional vocational rehab settings including equine services, art to work, cafe and retail services utilizing virtual reality to increase and maintain job skills for the unemployed and underemployed, targeted to increase employability, job skills, social skills and retention of skills.

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	Build physical stamina to increase time spent in vocational and employment activities	Pre and post training time spent in vocational and employment activities.
<input checked="" type="checkbox"/> Improve mental health	Increased involvement in community, decreased rates of isolation/loneliness	Pre and post vocational training self assessment.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Through the use of virtual reality job training and evidenced based practices participants will gain and maintain employment opportunities.	Data collection will track number of consumers that obtained employment, number of months consecutively employed, and income earned from non governmental sources.
<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	Job opportunities for those with disabilities will be created at non traditional vocational sites, within the community.	Data collected will include number of persons trained, number of jobs created, based on FTE, number of jobs filled with persons with disabilities.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Person's with disabilities will have increased income as a result of employment obtained upon completion of vocational training.	Recording and reporting of participants income during grant cycle.
<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 2020-21 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:	983,888	24.6%	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:	3,020,000	75.4%	Yes
TOTAL	4,003,888	100%	

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

No