

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Palm Beach Habilitation Center Memory Care Group Home
2. Date of Submission: 10/08/2019
3. House Member Sponsor: Matt Willhite
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:					1,000,000	1,000,000

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.

Costs are only for construction costs of the Group Home. Funds will reimburse construction and planning costs paid by the Palm Beach Habilitation Center

6. Requester:

- a. Name: David Linn
- 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 Linn
- 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: Chris Coker
- b. Firm: Coker Consulting, LLC
- c. Email: Chris@cokerconsultingfl.com
- d. Phone #: (850)570-5432

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 Memory Care Group Home will provide residential supports and services to individuals who have a Developmental Disability and have been diagnosed with Alzheimer's, Dementia, or other age-related limitations. This Memory Care Home will be one of the first, if not the first, Group Home in Florida specifically designed to meet the unique needs of this population. The memory Care Group Home will be hurricane hardened - allowing the residents to "shelter in place" during a 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	Construction cost of the Memory Care Group Home	1,000,000
TOTAL		1,000,000

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

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

14. Is the project request an information technology project?

No

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

Yes

15a. Please Describe:

Letter of Support from the Florida Atlantic University, Louis and Anne Green Memory and Wellness Center

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	Residents with Developmental Disabilities, Alzheimer's Disease, Dementia, or other age-related limitations will receive personalized supports to meet the decline in their	There is documentation of support services provided and a record of the participant's ability to continue living in a community based residential setting.

	physical capacity and capabilities.	
<input checked="" type="checkbox"/> Improve mental health	Residents with Developmental Disabilities, Alzheimer's Disease, Dementia, or other age-related limitations will receive personalized supports to meet the decline in their mental capacity and capabilities.	There is documentation of support services provided and a record of the participant's ability to continue living in a community based residential setting.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	The Memory Care Group Home will provide a setting for fieldwork experiences for occupational therapy and occupational therapy assistant programs at local colleges and universities.	Documentation of fieldwork experiences conducted at the Memory Care Group Home.
<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): Reduce Reliance on Emergency Management	Residents will be able to "Shelter In Place" during a natural disaster. The ability to shelter in place will reduce anxiety and confusion on the part of the residents and will reduce additional strain on the Emergency Shelters and the Emergency Management Systems.	Since individuals will be current residents of this Memory Care Facility, we will have documentation on the status of their mental and physical health, along with other needs they may have.

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:	1,000,000	62.5%	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:	600,000	37.5%	Yes
TOTAL	1,600,000	100%	

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

No