

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Fishing with America's Finest (Veteran Piscatorial Therapy)
2. Date of Submission: 10/23/2019
3. House Member Sponsor: Ana Rodriguez
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:					250,000	250,000

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? 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.
Program Continues to use the funds to help Veterans going forward.

6. Requester:

- a. Name: William A. Watts
- b. Organization: Fishing with America's Finest
- c. Email: bill@fwaf.net; fwaforg@gmail.com
- d. Phone #: (786)351-6829

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

- a. Name: William A. Watts
- b. Organization: Fishing with America's Finest
- c. Email: bill@fwaf.net; fwaforg@gmail.com
- d. Phone #: (786)351-6829

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: Fishing with America's Finest
- 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, 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?

To work with Veterans who Suffer from different Mental issues such as PTSD and Physical disabilities through Piscatorial Therapy. Provide a Safe Zone location for Veterans to come together and talk, received classes, provide a meeting space, Group Sessions with Therapist.

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	Currently all Staff are volunteer	0
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Currently all Staff are volunteer	0
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Purchase items to be used in office / Safe Zone Creation / Rental of Office / Warehouse in an area easily accessible from all the counties.	25,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Provide Classes to our staff and Veterans First Aid and CPR Fishing instructors brought in for classes Materials for Instruction in a class room type setting.	50,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	All Staff are Volunteer	0
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Expand the program with additional Boats, Kayaks, Fishing Equipment Purchase or Lease a Truck Licenses, Insurance, Fuel, Safety Equipment Provide large scale	175,000

	Veteran Outings and shoreline events	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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:

Veteran Testimonials, Awards to the Program and Staff for working with Veterans, Support letters from the VA Health Care System and Veteran Centers.

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:

Yes Several Studies by numerous Government offices and Universities have shown that Different Types of Recreational Therapy in this case Piscatorial Therapy has shown to help Veterans suffering from PTSD, Mental and Physical issues.

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

Yes

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

Provide Piscatorial Therapy in numerous fashions - On Boats, Kayaks, Hike and Fish Events, Large Scale fishing events on shore. Provide a safe zone for Veterans to come and learn about fishing, talk about fishing, watch movies, different social activities to help Veterans learn to cope with issues.

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

Provide Piscatorial Therapy in numerous fashions - On Boats, Kayaks, Hike and Fish Events, Large Scale fishing events on shore. Provide a safe zone for Veterans to come and learn about fishing, talk about fishing, watch movies, provide meals and different social activities to help Veterans learn to cope with issues. To include Family members as needed.

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): Veterans and their family members

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	It has been shown that Piscatorial Therapy helps Veterans reduce their number of Medications, increase physical activity thus lose weight	Monitor the Veterans to see if there are improvements in their physical health working with Research departments and or working with veterans to monitor and track physical health.
<input checked="" type="checkbox"/> Improve mental health	Piscatorial Therapy has been shown to improve mental health issues and lets Veterans open up and feel better about themselves.	to fill out surveys on line about the program and give statements as to their thoughts and feelings.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Work with Veterans to teach them the Value of Catch and release within the program. Give classes on how to	Veterans will learn important lessons on the Environment and how to

	improve the environment.	protect the Fish and Wildlife.
<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	Piscatorial Therapy has helped Veterans reduce the amount of Prescribed and Self Prescribed Medication as well as lower Alcohol use.	Veterans will not be allowed to use an alcohol or non-prescribed drugs in our safe zone or during major outings.
<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:	250,000	89.3%	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:	30,000	10.7%	No
5. Other:	0	0.0%	No
TOTAL	280,000	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 2020-21 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