

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Envision at Dre's Haven
2. Date of Submission: 11/11/2019
3. House Member Sponsor: Ramon Alexander  
Members Copied: Kamia Brown

### 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<br>for FY 2019-20<br><i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2020-21<br><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<br><br><i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget<br><br><i>(Will equal non-vetoed amounts provided in Column A)</i>                        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b><br><br><i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts:     |   |                               |   |   | 550,000                                | 550,000   |

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.  
Reimbursement of funds to the State

6. Requester:

- a. Name: Tonja Jones-Blount
- b. Organization: Dre's Haven, Inc.
- c. Email: tajjonesblount@drespathway.com
- d. Phone #: (407)793-9614

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

- a. Name: Tonja Jones-Blount
- b. Organization: Dre's Haven, Inc.
- c. Email: tajjonesblount@drespathway.com
- d. Phone #: (407)793-9614

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: Dre's Haven, Inc.
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Lake, 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?

Dre's Haven will convert an existing 60-unit apartment complex into Permanent Supportive Housing for adults with intellectual and developmental disabilities (I/DDs) who are either transitioning out of institutional or other separated settings; at serious risk of institutionalization; homeless; or at risk of becoming homeless. The program will offer safe and stable housing, individualized case management, staff and peer support, and assistance connecting adults with IDD to the community.

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category  | Description   | Nonrecurring<br>(Should equal 4d, Col. E) Enter "0" if<br>request is zero for the category |
|--|---|--|
| Administrative Costs:  |   |  |
| <input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | Project Lead Salary and Benefits<br>Responsibilities Include:<br>Program/Contract Compliances,<br>Case Management, Program<br>Audits/Monitoring, Community<br>Outreach, and Developing,<br>Implementing and Evaluating<br>Program Services  | 72,341   |
| <input checked="" type="checkbox"/> b. Other Salary and Benefits                           | PART-TIME ACCOUNTANT<br>RESPONSIBILITIES INCLUDE:<br>Processing payroll/ financial reports,<br>Financial audit compliance, and<br>compliance with GAP (Generally<br>Accepted Accounting Principles).<br>Employee benefits to include health<br>insurance, Vision and dental<br>insurance and payroll taxes. | 27,903   |
| <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) Supported Community Living Specialists<br>RESPONSIBILITIES INCLUDE:<br>Providing individualized training and support to residents of Envision at Dre's Haven in their homes and community.                 | 73,106         |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other          | Building lease, utilities, phones, medical security system, van for transportation, fitness equipment, life-skills training, supplies and food (center will prepare and serve 3 meals per day, Monday-Friday). | 150,976        |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study             | Security (Agency will be contracted to provide services from 7 pm-7 am, 7 days per week). Leasing Consultant (will be contracted to show apartments to prospective tenants and process HUD applications)       | 75,674         |
| Fixed Capital Construction/Major Renovation:   |  |                |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Building Maintenance, Upgrade and Repair   | 150,000        |
| <b>TOTAL</b>   |  | <b>550,000</b> |

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:

Orange County Commission, Orange County Mayor's "Housing for All", Florida Department of Education Vocational Rehabilitation, Ocoee County Commission, Orlando Housing Authority, Orange County Public Schools ESE, The Arc Sunrise of Central Florida, The U.S. Department of Housing and Urban Development (HUD) The Agency for Persons with Disabilities, and the Autism Housing Network.

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?

Envision at Dre's Pathway provides safe, secure, and affordable housing with life-skills training, community enterprise opportunities, and a continuum of support services to 50 adults with I/DD in an existing, gated and repurposed apartment complex in Orlando, FL.

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

Envision at Dre's Haven provides the following direct services; Case Management, Life Coaching, Independent Living skills training, Activities of Daily Living assistance, Medication Management, Supervision & Assistance, Meal preparation service, Scheduled Activities, Community-Based Instruction, Community Enterprise opportunities, Social outings, Medical appointment scheduling and transportation, Supportive-Living and Supported Employment.

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): Adults with intellectual and development disabilities who are either transitioning out

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 | Reduced obesity and weight gain due to inactivity, Education of disability and importance of taking medication | Closely monitoring clients' on-file physical, case manager will consult with clients' support team, which |

|   |   |  |
|---|---|--|
|   | as prescribed.  | includes his/her primary care physician, on a quarterly basis and on an "as necessary" basis.  |
| <input checked="" type="checkbox"/> Improve mental health                                     | Decreased feelings of loneliness, isolation, and depression which are often associated with our targeted population.  | Clients will be given a scored health assessment upon admission and at several intervals throughout their residency. Daily Group meetings and individuals counseling will also help us to monitor the progress of our clients. |
| <input checked="" type="checkbox"/> Enrich cultural experience                                | Personalized services based on best practices that increase cultural enrichment , activity or action that enhances one's awareness of different cultural practices.   | Assessing cultural activities as they are introduced to our clients (ie; trying different foods, clothing, traveling, etc.)  |
| <input type="checkbox"/> Improve agricultural production/promotion/education                  |   |  |
| <input checked="" type="checkbox"/> Improve quality of education                              | Set and achieve independent living goals through training and implementation. (Dre's Haven provides an adult day program of life-skills training including; housekeeping, money-management, communication and interpersonal skills. | Daily-living and bill-management assessment, and monitoring of participation in community-based 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 checked="" type="checkbox"/> Increase or improve economic activity                   | Develop best practice strategies to ensure that clients have access to the resources, services and supports they need in order to obtain meaningful work, training in budgeting and banking and opportunities to shop. | Surveys and the display of feelings of connection to the community in which they live, work, and support.               |
| <input type="checkbox"/> Increase tourism   |  |   |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities             | Dre's Haven's Community Enterprise will hire 20 participants after successful completion of training. Individuals are trained and prepared for meaningful work.  | Scored vocational assessments, observation and periodic evaluations of employed clients and supported employment staff. |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | Providing an inclusive supported living housing program with a continuum of services, and supports is crucial to overcoming poverty and chronic unemployment.  | Quarterly assessment reports by Case Managers, Supported-Living and Supported-Employment coaches.                       |
| <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: | 550,000        | 91.7%            | 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:  | 50,000         | 8.3%             | Yes   |
| <b>TOTAL</b>   | <b>600,000</b> | <b>100%</b>      |   |

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