

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: ADE-Culinary Training Services & Senior Services for Persons with Developmental Disability
2. Date of Submission: 11/09/2017
3. House Member Sponsor: Emily Slosberg
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:		300,000	300,000		400,000	400,000

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? Agency for Persons with Disabilities
 - 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.
The Contract should be a cost reimbursable contract. Unit Rate for services rendered only.

6. Requester:

- a. Name: Helena Del Monte, CEO
- b. Organization: ADE, Inc.
- c. Email: hdelmonte@ademiami.org
- d. Phone #: (305)505-3238

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

- a. Name: Helena Del Monte, CEO
- b. Organization: ADE, Inc.
- c. Email: hdelmonte@ademiami.org
- d. Phone #: (305)505-3238

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

- a. Name: Susan K.
- b. Firm: Susan Goldstein Consultants, Inc.
- c. Email: skgoldstein@hotmail.com
- d. Phone #: (954)830-6300

9. Organization or Name of entity receiving funds:

- a. Name: ADE, Inc. (The Association for Development of the Exception
- 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?

Culinary Program/Baking/Restaurant Maintenance/Employability Skills Training, providing adults with disabilities a path of future employment in respective fields.

Geriatric Program meeting the needs of our seniors with Developmental Disabilities, ambiance conducive of the special comforts and stimuli that the senior population demands. Such as: physical and mental stimulation through exercising and constructive recreational activities.

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	Supplemental % of Administrative cost for CEO, COO, Senior Accountant and Program Manager (% supplemented for overall management and fiscal aspects of the Program)	22,000
<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	Educational Staff (2), Chef Instructor (3), Direct Care Staff (3), Geriatric Services (1), Physical Trainer (1)	222,955
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Operational Costs, Educational Supplies/Equipment, Office Expense, Utilities, Insurance, Maintenance, and	155,045

	Miscellaneous Program Related Expenses	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		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:

ADE?s Culinary, Baking and Restaurant Maintenance Program, has been operational for 6 years, with a huge outcry from consumers with special needs and their families, since it is a field with abundant opportunities for employment for our special population. Our Program for Senior with Developmental Disability was created to address changing and growing needs of this aging population. The Agency for Persons with Disabilities strongly supports for these program to be funded.

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 incentive to provide the Culinary Training Program was tested by many other programs similar to ours , in other parts of the Country and State. Witnessing the impressive results ADE made it its goal to become the leader of such services in the Miami Dade County Area. We have been offering these services for 6 years running, and have documented need from parents, consumers, and State Agencies such as APD. The Seniors Program was created in 2017 as requested of the aging persons with DD.

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?

\$300,000 of the funds requested will be used to provide Culinary Training, Baking and Restaurant Maintenance Training to Adults with Developmental Disabilities by Professional Chef's Instructors, to prepare the Developmentally and Intellectually Challenged population for Jobs in these fields. \$100,000 of the funds requested will be used for specialized geriatric services for the aging Developmentally Disabled population, demonstrating unique needs, ADE Senior's Program was created to address t

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

Culinary Program- Will provide Culinary Training, Baking, Restaurant Maintenance and Employability Skills training, Monday thru Friday, 8:30 am to 2:30 pm, to a minimum of 30 consumers per year.

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	The Proposed Program will improve the mental health to a minimum of 36 adults with developmental disabilities by introducing a meaningful day Training and Supervision Activity in their daily lives.	Documenting Achievement data a minimum of 3 times a week, Monthly Summary Report, Annual Individual Program Plan.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Will provide education and training skill in the field of culinary arts to a minimum of 30 adults with developmental disabilities. Will provide education in geriatric related skills to a minimum of 6 seniors with developmental disabilities.	Documenting Achievement data a minimum of 3 times a week, Monthly Summary Report, Annual Individual Program Plan.
<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	Will create 7 jobs to professionals and or para-professionals working in the respective fields suited to serve the adult with developmental disability population. And will partially fund 6 professionals and or para-professional positions in Management and Education.	Out come will be job creation requirements: A minimum of 2 yrs working with the Developmentally Disabled population, and the respective educational and training requirements of each respective position.
<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:	400,000	13.0%	N/A
2. Federal:	500,226	16.3%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	1,985,806	64.7%	Yes
4. Local:	62,685	2.0%	Yes
5. Other:	120,051	3.9%	Yes
TOTAL	3,068,768	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