

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Best Buddies Mentoring and Student Assistance Initiatives

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Michael Bileca

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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*
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:	700,000		700,000	700,000	250,000	950,000

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? Department of Education

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? 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.

Financial consequences for each missed deliverable per quarter: \$500 per missed training and \$250 per member shortfall in Q1; \$50 per mentoring session shortfall, \$50 per shortfall of mentors served, \$500 per missed training in Q2; \$25 per mentoring session shortfall, \$50 per shortfall of mentors served, \$500 per missed training in Q3 and Q4.

6. Requester:

- a. Name: Mae Mastrorio
- b. Organization: Best Buddies International, Inc.
- c. Email: maemastrorio@bestbuddies.org
- d. Phone #: (847)894-1297

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

- a. Name: Mae Mastrorio
- b. Organization: Best Buddies International, Inc.
- c. Email: maemastrorio@bestbuddies.org
- d. Phone #: (847)894-1297

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

- a. Name: Ronald Book
- b. Firm: Ronald L. Book, P.A.
- c. Email: Ron@ronlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: Best Buddies International, Inc.
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Brevard, Broward, Clay, Duval, Flagler, Hillsborough, Indian River, Lake, Lee, Leon, Manatee, Martin, Miami-Dade, Nassau, Okaloosa, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, St. Johns, St. Lucie, Santa Rosa, Seminole, Volusia

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?

Best Buddies helps students acquire the skills they need to be college and career-ready by providing on-campus and off-campus activities that promote socialization between students with disabilities and their typical peers.

An increase of \$250,000 would enable Best Buddies Florida to expand program manager oversight and provide direct support to 12 additional middle and high school chapters, serve over 900 more students with and without IDD and increase the counties covered in Florida by three.

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 checked="" type="checkbox"/> b. Other Salary and Benefits	\$38,911 in Recurring Funds: These funds are used by Best Buddies International to oversee the administrative and management needs of our state offices. The allocation for funds is approximately: Professional Services? 53% includes BB website and database maintenance, state development, education and training etc; Accounting - 16%; HR/Legal ? 15%; IT ? 8%; Executive - oversight of programming 8%	12,500
<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	\$506,793 in Recurring Funds: 6.37 FTE - Program Managers in seven area offices; 2.1 FTE - Area Directors in six area offices; 1.1 FTE - Program and Operations staff; .44 FTE ? State Director; FICA, Group Health, Unemployment, Workers Comp, Retirement/Other Benefits calculated at 22.86% of salaries	171,509
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	\$154,083 in Recurring Funds: Staff Training, Staff Leadership Conference, Student Leadership Conference, Student Leadership Training Day, Equipment, Evaluation, Office Space/ Utilities, Delivery, Postage, Copies/Printing, Supplies, Best Buddies Online, IT services, Memberships, Telephone	65,915
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	\$213 in Recurring Funds: Evaluation: Includes cost to perform Annual Survey of students, parents/guardians, and advisors. Includes cost to perform the survey and collect data and fee for third party evaluation, analysis, and report.	76
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		250,000
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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:

Best Buddies has previously testified before the Dade Delegation, the Florida Senate Appropriations Committee, and the Miami-Dade County Commission. We have also had successful partnerships with the U.S. Department of Education, the Florida Department of Education, the Miami-Dade County School Board, the Miami-Dade County Office of Management and Budget, and other public/private entities such as Royal Caribbean Cruises International, and the Wells Fargo Foundation for our inclusion programs.

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:

A 2011 independent review of mentoring program in Florida, requested by the Florida Legislature's Office of Program Policy Analysis and Government Accountability, found that Best Buddies participants were more likely than peers to have few disciplinary incidents, read at grade level, and complete high school. OPPAGA article is available as a separate attachment.

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?

Best Buddies offers students with and without disabilities the opportunity to engage in a mutually beneficial mentoring friendship. Our program goals are to develop leadership and social skills for students with and without IDD through one-to-one friendships. Best Buddies utilizes a one-to-one mentoring model for this program. A typical peer will be matched in a one-to-one friendship with a student with IDD. The one-to-one mentoring model provides opportunities for students with IDD to learn

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

Best Buddies Florida will provide 6.37 full-time program managers who deliver the most direct support to the chapters as they are primarily out in the field supporting volunteers, school staff, and students. In addition to direct program facilitation, local area staff plan and implement area-wide trainings and awareness initiatives in which all the chapters can participate. Area directors oversee the program staff and provide direct program support to both the schools and staff.

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): Intellectual and developmental disabilities

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 type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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): Creating more inclusive school environments for students with disabilities	Students will be more socially integrated into school.	Faculty Advisors will report that 85% of students with IDD are more socially integrated into the school community

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:	250,000	11.4%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	46,400	2.1%	Yes
4. Local:	114,800	5.2%	Yes
5. Other:	1,791,430	81.3%	No
<b>TOTAL</b>	<b>2,202,630</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 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