

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Commons at Speer Village Phase 1 Youth and Family Alternatives ? Commons at Speer Village Phase 1

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Daniel Burgess

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? Yes
- 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:		500,000	500,000		306,594	306,594

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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 Children and Families

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.

Refund of dollars to the State.

6. Requester:

- a. Name: Mark Wickham
- b. Organization: Youth and Family Alternatives, Inc.
- c. Email: mwickham@yfainc.org
- d. Phone #: (585)314-5830

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

- a. Name: Mark Wickham
- b. Organization: Youth and Family Alternatives, Inc.
- c. Email: mwickham@yfainc.org
- d. Phone #: (585)314-5830

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

- a. Name: Ron Pierce
- b. Firm: RSA Consulting Group, LLC
- c. Email: ron@rsacounsultinggroupllc.com
- d. Phone #: (813)777-5578

9. Organization or Name of entity receiving funds:

- a. Name: Youth and Family Alternatives, Inc.
- b. County (County where funds are to be expended): Pasco
- c. Service Area (Counties being served by the service(s) provided with funding): Pasco

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 build the first phase of affordable housing for special needs and developmentally disabled supportive living. This will be a 6 unit eight-person affordable housing development for persons with developmental and intellectual disabilities in partnership with Florida Housing and Finance Corporation.

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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Borrowers legal fees, Architect/engineer, due diligence, bank legal, construction insurance, survey, appraisal market study, consultant fee	264,594
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Furniture and supplies for 6 units @ \$7,000 per unit	42,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>306,594</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)

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:

Florida Housing and Finance Corporation has issued an RFA for the proposed six units. For persons with development and intellectual disabilities in Pasco County.

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:

Market Study completed in February 2016

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?

Housing for the developmentally disabled

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

Housing for the developmentally disabled

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 checked="" type="checkbox"/> Improve physical health	Provide specialty housing for the developmentally disabled	Patient's medical progress while living onsite
<input checked="" type="checkbox"/> Improve mental health	Provide specialty housing for the developmentally disabled	Patient's medical progress while living onsite

<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 checked="" type="checkbox"/> Improve transportation conditions	Specialized community to help the developmentally disabled	Residents will have needs onsite, decreasing traffic.
<input checked="" type="checkbox"/> Increase or improve economic activity	Population serviced come from low-income backgrounds.	Need of housing residents will result in increase in localized spending.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Staff necessary to help residents	Number of people hired to work at the community.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Care ensures that the needs of the developmentally disabled are addressed.	Economic vitality of the residents in the community.
<input checked="" type="checkbox"/> Reduce recidivism	Specialized care ensures that the developmentally disabled have their needs addressed.	Reduction in the number of developmentally disabled within the criminal justice system.
<input checked="" type="checkbox"/> Reduce substance abuse	Specialized care ensures that the developmentally disabled have their needs addressed.	Reduction in the number of developmentally disabled within the criminal justice system.
<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:	306,594	20.2%	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:	575,000	37.9%	Yes
5. Other:	637,000	41.9%	Yes
<b>TOTAL</b>	<b>1,518,594</b>	<b>100%</b>	

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

No