

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Loveland Center Life Skills Development Program for Children and Adults with Disabilities
2. Date of Submission: 10/24/2019
3. House Member Sponsor: James Buchanan
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:					647,574	647,574

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? 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.

Failure to meet contract deliverables in the Agency for Persons with Disabilities contracts results in non-payment for the deliverable or upon discovery of failure to meet contract deliverable after payment, recoupment of funds by the Agency for Person with Disabilities will occur.

6. Requester:

- a. Name: Patrick Guerin
- b. Organization: Loveland Center, Inc.
- c. Email: pguerin@lovelandcenter.org
- d. Phone #: (941)493-0016

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

- a. Name: Patrick Guerin
- b. Organization: Loveland Center, Inc.
- c. Email: pguerin@lovelandcenter.org
- d. Phone #: (941)493-0016

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

- a. Name: Carole Green
- b. Firm: Capitol Strategies Consulting
- c. Email: Carole@capitolstrategiesinc.com
- d. Phone #: (850)590-2206

9. Organization or Name of entity receiving funds:

- a. Name: Loveland Center, Inc
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Manatee, Sarasota

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?

Today, there are over 700 individuals on the Sarasota and Manatee County wait list out of an estimated 25,000 Florida-wide—Florida currently stands at 49 out of 50 in the U.S. for funding individuals with Disabilities. Loveland Center will "bridge the service gap" by providing these needed services at various locations for up to 100 individuals from the HCBS waiver wait list in Sarasota, Manatee, and Charlotte Counties: Life-skills Development, Respite Care, and Supported Employment.

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	Funding to provide instruction and/or hands on training for program participants. Program Director, Program Manager, Program Team Leader and 6 Direct Support Staff, 3 After hour program Staff, and 1 Supported Employment Staff.	282,356
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	3 - Wheel chair accessible vehicles 2 - Mini vans Leased Property and utilities expenses Operating expenses - Program startup expenses Program consumable supplies	336,953
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Electronic Medical Records system, Auditing Fees Legal Fees	28,265
Operational Costs:		

<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		647,574

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:

Based on The Florida Medicaid Developmental Disabilities Individual Budgeting website there are currently more than 21,000 individuals on the waitlist to receive services. Our service area contains approximately 4% of this population, with Sarasota, and Manatee counties showing 369, 299 respectfully on the waitlist.

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:

Based on The Florida Medicaid Developmental Disabilities Individual Budgeting website there are currently more than 21,000 individuals on the waitlist to receive services. Our service area contains approximately 4% of this population, with Sarasota, and Manatee counties showing 369, 299 respectfully on the waitlist.

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?

Our participants will be receiving Life Skills Development support, Supported Employment Support, Companion Services, Supported Living opportunities, After hours services, transportation, and Community Integration Support. The Purpose of these funds is to provide funding for these waitlisted individuals for one year.

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

Loveland Center will "bridge the service gap" by providing these needed services at locations in Sarasota, Manatee, and Charlotte counties for up to 100 individuals from the HCBS waiver waitlist. Services provided: Life-skills Development (LSD-3), After hours (HERO), Transportation, 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)

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	Promoting physical wellness through health and wellness programs that will utilize changes in stamina, weight and flexibility to determine beneficial outcomes. Additionally, cooking programs and self/home-care programs will be offered. Provide a mental health break for up to 30 families on a weekly basis in the after hours program	These program's successes will be determined by participant and family surveys before, throughout and after the programs. Quarterly reports on number of individuals served in the after hours program
<input checked="" type="checkbox"/> Improve mental health	We strive to promote mental wellness through community integration throughout a multitude of our programs. We also offer emotional wellness programs, where coping and social skills are developed and	The success of these programs will be determined through consistent, bi-monthly communication with our participants and their family members regarding the progress being made with emotional communication and

	honed.	social interactions.
<input checked="" type="checkbox"/> Enrich cultural experience	1) Provide volunteer support to those individuals so they can gain meaningful employment experience while also supporting others in their community. 2) Providing meaningful recreational opportunities to at least 30 people with I/DD so they can have greater independent access to their community.	Community partnerships will be built with the intent of the participants of the program becoming helpful participants of their community and neighborhoods. Recreation: at least 15 unique community recreational opportunities will be completed on a monthly basis, allowing individuals to increase their social skills in a community setting
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	75% of participants served will see improvement or meet their individual outcomes set in the Implementation plan.	Monthly tracking of skills improvement per Implementation plan with Quarterly reporting on overall improvement
<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	Up to 25 individuals will receive transportation services to and from the Life skills development program and the after hours respite program. The Life Skills Development program will average 20% of the participants in attendance off site on a daily basis.	Daily documentation of transportation service via program transportation logs.
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	1.) The Life Skills program and the	1.) Documentation of the outreach

	after hours program will be available to support individuals with intellectual and/or developmental disabilities and their families while vacationing in the Sarasota Program.	methods to promote this opportunity. 2.) Documentation on the number of tourist served in the year.
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	30 individuals will receive Supported Employment services, 75% will receive vocational training and support. 50% of those individuals will acquire competitive employment within 6 months of receiving services	1.) Monthly and quarterly documentation on vocational training. (# served/# of training support provided) 2.) Monthly and quarterly documentation on acquisition of competitive employment. (# of served/employed)
<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:	647,574	82.6%	N/A
2. Federal:	56,000	7.1%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	30,000	3.8%	No
5. Other:	50,000	6.4%	No
TOTAL	783,574	100%	

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

No