

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ann Storck Center - Early Intervention Preschool

2. Date of Submission: 10/21/2019

3. House Member Sponsor: Evan Jenne

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? > 5 years
- 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 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>	<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:					463,643	463,643

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? Department of Education

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.

Corrective Action Plans, Additional Staff Training, On-Site Mentoring

6. Requester:

- a. Name: Terri Shermett
- b. Organization: Ann Storck Center
- c. Email: tshermett@annstorckcenter.org
- d. Phone #: (954)584-8000

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

- a. Name: Terri Shermett
- b. Organization: Ann Storck Center
- c. Email: tshermett@annstorckcenter.org
- d. Phone #: (954)584-8000

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: Ann Storck Center
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Palm Beach

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?

Ann Storck's Early Intervention Preschool is the only on-site, therapeutic program serving developmentally disabled infants and toddlers in Broward County. One of its goals is to help parents/caregivers of this vulnerable population financially by allowing them to work while their child attends a full-time, year round medical preschool. Other goals include improved cognitive and social skills, greater independence, quality of life, and more engaged and better educated families.

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	Early Intervention Preschool Director-Responsibilities include but are not limited to program management, staff supervision, documentation, record keeping, environmental health and safety, training & development, monitoring and quality assurance(40%)	22,619
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Other administrative salaries include: ESE Specialist (40%) provides procedural & curriculum assistance, Practice Manager (40%) oversees scheduling, pricing & performance of therapeutic programs, HR Manager & Specialist (10%) to recruit, interview, train and evaluate staff performance, Director of Accounting & Payroll Specialist-(10%) oversee financial reporting and payroll, Facilities Supervisor (20%)- ensures the maintenance, safety and cleanliness	91,358

	of the facility.	
<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	Salaries will be used to employ:2 FT certified ESE teachers & 4 assistants to provide high quality & developmentally appropriate instruction Physical, Speech, Occupational, Behavioral (40%) & Music Therapist (20%) to improve mobility, communication, behavior and daily living skills. Licensed Practical Nurse - (40%)provide Health Management/Medication Administration.	349,666
<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		
<b>TOTAL</b>		<b>463,643</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?

No

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 study at Florida State University found that developmental disabilities arising from the parenting deficiencies of teen parents resulted in major costs to the state. The 15 year cost to the state of just one year of births to teen mothers was \$1.2 billion in special education, criminal justice, health and other related costs. This data implies that an effective early intervention system could result in significant long-term savings to both the residents of the state & Broward County.

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?

25 -50 additional children ages 3 months to 3 years will participate in 9 hours daily of a high quality early intervention program at the Ann Storck Center. Services will be available year round and will include before and after school care and an 8 week summer program. This therapeutic program utilizes school board approved curriculum and assessments, and features specialized Department of Education classrooms, small class size, a low teacher to student ratio and certified teachers using a

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

Children will receive the following direct services as indicated in their Individual Family Service Plan : Speech, Physical, Occupational and/or Behavior Therapy (ABA), Full Time Nursing Services, Transportation, Nutritional Services, Music Therapy, Research Based

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	Improve Overall Quality of Life through School Wellness program as measured by the number of children and families participating in wellness	80% of the children and their families will participate in Center's Wellness program 80% of the families will attend Nutrition Classes 100% of the

	and nutrition classes and physical activities	Children will participate in physical activities thus reducing their risk of additional health conditions and obesity
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	25 -50 children ages 3 months to 3 years of age will be able to attend a high quality, intensive early intervention preschool program proven to be more effective instead of receiving only in-home services	75% of the children participating in the program will demonstrate an improvement in their cognitive, communication, physical, behavioral and daily living skills as measured by research based standardized assessments.
<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 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:	463,643	100.0%	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:	0	0.0%	No
<b>TOTAL</b>	<b>463,643</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