

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Association for Development of the Exceptional DD Emergency Shelter/Training Center

2. Date of Submission: 11/01/2019

3. House Member Sponsor: Vance Aloupis

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:					900,000	900,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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.

APD should enforce a 2 year mandate for completion of project. Full procurement process of no less than 3 qualified bids from General Contractors. Monthly Progress Reports to be submitted to APD.

6. Requester:

- a. Name: Helena Del Monte
- b. Organization: The Association for Development of the Exceptional, Inc. (ADE)
- 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
- b. Organization: The Association for Development of the Exceptional, Inc. (ADE)
- 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 Goldstein
- b. Firm: The Legis Group
- c. Email: skgoldstein@hotmail.com
- d. Phone #: (954)830-6300

9. Organization or Name of entity receiving funds:

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

* To develop a Licensed Hurricane Shelter Space to house persons with Special Needs and their families during natural disasters. This shelter will be built within a warehouse located at ADE, Inc. Doral Branch. The space is approximately 8,000 sq, purchased by ADE, Inc. for approx. 1 mil.

* Once developed this space will function as an Academic/Vocational Training Center for adults with Autism and DD. Offering Life Skills, Personal Supports, and Employment Skills all year round.

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	Project Director=A licensed Construction Project Director will supervise the General Contractor in the quality of work as stipulated in the scope of services, will ensure time frame commitments are being followed, will monitor all inspection, will monitor and authorize change orders, will review and authorize payments to General Contractor, will maintain CEO informed of all the above.	60,000
<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 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 checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Developing a Warehouse area (approx 8,000 sf) into Licensed Hurricane Shelter Space w/ Generators. It will also power our program's professional training kitchen, so we will be able to provide food and shelter to a minimum of 100 guests. The space will be used year round as a Training Center, teaching Adults with Developmental, Intellectual, and Physical Disabilities Life Skills/Vocational/Employment Training. Architectural, Engineering, Impact fees, Building & Zoning Permits and licenses.	840,000
TOTAL		900,000

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)

- 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:

DE, Inc. purchased new 20,000 sf facility of which approximately 8,000 sf have not yet been developed. The objective is to develop such space into a Sustainable Shelter for Natural Disasters. We have met with The Agency for Persons with Disabilities locally, as well as with hundreds of consumers with Dev. Disabilities and families that have voiced their support. ADE has contributed 3 million dollars toward the purchase of the property from its Building/Acquisition Fund.

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:

Although we do not have a written study at hand, the testament was the lack of Shelter Space in Miami Dade County during our 2017 Irma, Hurricane Michael in 2018, and the most recent scare with Dorian in 2019. We must be prepared to meet the needs of the vulnerable citizens we serve. The Miami Dade County Emergency Operation Center has determined a shortage of available shelter space in the County. Ours will be managed by a licensed facility specializing in special needs population.

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?

1) Food and Shelter during natural disasters to a minimum of 80 persons with Developmental Disabilities and their families.

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

1) Shelter, food, water, and direct care staff specializing in Developmentally Disabled population, before, during and after a natural disaster, will guide and assist our consumers and families to ensure their well being during the occurrence.

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	The Proposed Program will improve the physical health to a minimum of 80 adults with developmental disabilities by introducing a	Documenting Achievement data a minimum of 3 times a week, Monthly Summary Report, Annual Individual

	<p>Meaningful Day Training and Physically Active individualized programs, offered a minimum of 3 times a week in their daily activities. This activity will be offered as needed, measuring the individual medical challenges and abilities.</p>	<p>Program Plan.</p>
<p><input checked="" type="checkbox"/> Improve mental health</p>	<p>More than 75% of the consumers we serve have a dual diagnosis of mental health challenges. Attending a program such as ADE allows them to be active and engage in an academia/behavior focus environment, surrounded by professionals trained to recognize and curve behavior. ADE has a behavioral analyst on staff developing the behavior programs in order to improve their mental health.</p>	<p>Documenting Achievement data a minimum of 3 times a week, Monthly Summary Report, Annual Individual Program Plan.</p>
<p><input type="checkbox"/> Enrich cultural experience</p>		
<p><input type="checkbox"/> Improve agricultural production/promotion/education</p>		
<p><input checked="" type="checkbox"/> Improve quality of education</p>	<p>ADE will provide Life Skills Training, Personal Supports, Companion Services, Vocational Skills, and Employability Skills to a minimum of 80 adults with developmental disabilities.</p>	<p>Documenting Achievement data a minimum of 3 times a week, Monthly Summary Report, Annual Individual Program Plan.</p>
<p><input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality</p>		
<p><input type="checkbox"/> Protect the general public from harm (environmental,</p>		

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:	900,000	32.1%	N/A
2. Federal:	0	0.0%	No

3. State: (Excluding the requested Total Amount in #4d, Column F)	900,000	32.1%	Yes
4. Local:	0	0.0%	No
5. Other:	1,000,000	35.7%	Yes
TOTAL	2,800,000	100%	

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

No