Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Villa Lyan Special Needs School Transportation Van
2. Date of Submission: 11/05/2019
3. House Member Sponsor: Juan Fernandez-Barquin
   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 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	**Additional Nonrecurring Request**	**TOTAL Nonrecurring plus Recurring Base Funds** (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					100,000	100,000

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? 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.
   Will refund appropriation per agency contract.

6. Requester:
   a. Name: Maria Orfila
   b. Organization: Villa Lyan
   c. Email: rvorfila@aol.com
   d. Phone #: (786)486-7691

7. Contact for questions about specific technical or financial details about the project:
   a. Name: Maria Orfila
   b. Organization: Villa Lyan
   c. Email: rvorfila@aol.com
   d. Phone #: (786)486-7691

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: Villa Lyan
   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?

The request for the funds is to be able to buy a transportation van for the special needs school, so they can take their students around. Specifically, every day, the van picks the special needs children up from their homes and takes them to school and bring them back home after school. The van also takes them to their community outings, which consists of events such as the library, zoo, museums to teach them how to socialize. The van also takes them to their therapeutic horse back riding.

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:		
☐a. Executive Director/Project Head Salary and Benefits		
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☐e. Salaries and Benefits		
☑f. Expenses/Equipment/Travel/Supplies/Other	15 Passenger Van	100,000
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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?
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?
No

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?
Specifically, every day, the van picks the special needs children up from their homes and takes them to school and bring them back home after school. The van also takes them to their community outings, which consists of events such as the library, zoo, museums to teach them how to socialize. The van also takes them to their therapeutic horse back riding.

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

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
☑Improve physical health	They will get their exercise.	The students will be able to reach their final destination, such as Battle Buddies, which is helpful for the students to get their exercise through this program with vets.
☑Improve mental health	They will get their mental exercise.	The students will be able to reach their final destination, such as their

		therapeutic horse back riding.
☑Enrich cultural experience	They will get to learn.	The students will be able to get to the museums and learn about many things.
☐Improve agricultural production/promotion/education		
☑Improve quality of education	They will get to learn.	The students will be able to get to the museums and library to learn about many things.
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☑Improve transportation conditions	Transportation will be more efficient for the school.	Some students have wheel chairs, and to transport these students they would usually have to take the student on the van and take the wheelchair in a separate car, making it difficult for the faculty to transport everyone efficiently and safely.
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual's economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		

☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		
☐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:	100,000	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
TOTAL	100,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
No