

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Casa Familia Village Phase II
2. Date of Submission: 11/11/2019
3. House Member Sponsor: Nicholas Duran
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? 2019-20
- 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>	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:		300,000	300,000		850,000	850,000

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? Department of Economic Opportunity
 - 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.
Reimbursement of funds to the State

6. Requester:

- a. Name: Deborah Lawrence
- b. Organization: Casa Familia, Inc.
- c. Email: dlawrence@casafamiliainc.org
- d. Phone #: (954)605-8789

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

- a. Name: Deborah Lawrence
- b. Organization: Casa Familia, Inc.
- c. Email: dlawrence@casafamiliainc.org
- d. Phone #: (954)605-8789

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

- a. Name: Ronald Book
- b. Firm: Ronald L. Book P.A.
- c. Email: ron@rlbookpa.com
- d. Phone #: (305)935-1866

9. Organization or Name of entity receiving funds:

- a. Name: Casa Familia, Inc.
- b. County (County where funds are to be expended): Miami-Dade
- 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?

Funding would provide for Architecture and Design specific to individuals with IDD, Programs and Policies Consultant, Marketing and Feasibility Studies, and Supportive Services development. This would also include capital funds to plan, design and build the first two of four buildings in The Village of Casa Familia Phase II. A demonstration program for a residential community for adults with IDD who require 24/7 supervision, co-located in an enriched independent living community.

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 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 checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Architecture and Design Consultant specific to individuals with IDD, Programs and Policies Consultant, Marketing and Feasibility Studies, Supportive Services Consultant.	300,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	planning, design and construction for the first two of four buildings in The	550,000

	Village of Casa Familia Phase II.	
TOTAL		850,000

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:

Miami-Dade County Legislative Delegation, Miami-Dade County Commission, University of Miami Center for Autism and Related Disabilities, Dr. Michael Alessandri (Member of the Transition Advisory Committee on Health and Wellness), United Community Options, The Arc Jacksonville, The Down Syndrome Association of Miami, The Arc of South Florida, Madison House Autism Foundation, Autism Housing Network, Arc South Florida, Easter Seals South Florida.

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:

The Arc Finds Study 2017, Joint Center for Housing Studies of Harvard University/Disability Housing 2016 by Micaela Connery

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?

Research and development of "best practices" programs and services for an supervised housing that serves individuals with intellectual and developmental disabilities.

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

Establish a "best practice" program for supervised housing serving individuals with IDD that addresses the need for increased autonomy, independent living skills, and opportunities to enhanced connectedness, integration, and self sufficiency within the community.

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): Individuals with IDD & at an economic disadvantage, are at risk of living in institutional setting

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 demonstration program will provide Increased opportunities for daily physical activity, predictable routines and healthy meals to improve physical health outcomes.	Evaluation will be determined through regular health checks, direct observation, and self report questionnaires.
<input checked="" type="checkbox"/> Improve mental health	mental health is measured by our psychological, emotional, and social well being. The pilot program will develop and implement best practices of mental health techniques that will improve self-help/independence and community inclusion outcomes. Measurements of stress management, self esteem, social relationship management and self determination will include analyzing individual engagement, participation, and self report of satisfaction.	Evaluations will be administered to residents to identify needs and goals to design mental health services.
<input checked="" type="checkbox"/> Enrich cultural experience	Barriers to a high quality of life and to becoming contributing members of society for persons with IDD consists of a prevalent reality of prejudice, discrimination and exclusion. This project will develop personalized	ommunity partnership will be established and tracked regarding duration and quality of the partnership for cultural enrichment. Participant satisfaction and cultural learning will be measured by self

	services based on best practices that increase cultural enrichment and social connectedness.	report and staff feedback. Other objective measurements will include the number of social and community events attended and engagement in cultural activities.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Persons with IDD have significant gaps in translating "knowledge" to "application" in real world scenarios to help them increase their self-help skills and participation in the community at large. This project will develop best practices in implementing educational, vocational, and enrichment activities to assist this population in experientially learning how to maximize their independence.	Objective measurements will include participation in number of community based activities attended and progress in the acquisition of soft skills and executive function to max self-sufficiency.
<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 checked="" type="checkbox"/> Other (Please describe): Improve individual safety	Individual with IDD who require 24/7 supervision often lack safety awareness. The provision of 24 hour wrap around services will ensure a safe secure living environment.	Research will be conducted, including data and observation of other residential setting to identify positive outcomes and establish appropriate staff to resident supports.

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:	850,000	26.7%	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:	1,478,000	46.5%	Yes
5. Other:	850,000	26.7%	Yes

TOTAL	3,178,000	100%	
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20. Is this a multi-year project requiring funding from the state for more than one year?

No