

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Special Olympics Florida Unified Champions Schools

2. Date of Submission: 10/17/2019

3. House Member Sponsor: Josie Tomkow

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:	250,000	250,000	500,000	250,000	250,000	500,000

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 Education

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.

Corrective action plan, payment reduction

6. Requester:

- a. Name: Sherry Wheelock
- b. Organization: Special Olympics Florida
- c. Email: sherrywheelock@sofl.org
- d. Phone #: (352)243-9356

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

- a. Name: Janice Reardon
- b. Organization: Special Olympics Florida
- c. Email: janicereardon@sofl.org
- d. Phone #: (352)243-9356

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

- a. Name: Jim DeBeaugrine
- b. Firm: RFJ Governmental Consultants
- c. Email: Jim_debeaugrine@comcast.net
- d. Phone #: (850)508-8908

9. Organization or Name of entity receiving funds:

- a. Name: Special Olympics Florida
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

Provide structured opportunities to engage students with and without intellectual disabilities through sports competition and leadership development activities to promote inclusion of students with intellectual and developmental disabilities in schools, create life long acceptance of individuals with intellectual and developmental disabilities, increase social skills and self-confidence of students with intellectual disabilities and reduce harmful behaviors such as bullying.

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 checked="" type="checkbox"/> e. Salaries and Benefits	Young Athletes Manager	61,016
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Includes facility & venue rental, transportation and travel costs, and supplies	188,984
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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:

There are currently 114 schools on the waiting list. In addition, we are expecting approximately \$1.4 million in private and Federal funding for the project (please see 19 below for full breakout).

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:

Carey, M (2012). Unified Sports: Providing Opportunities for Students with Disabilities. Retrieved from https://resources.specialolympics.org/Taxonomy/Research/_Catalog_of_Research.aspx. This is one of several studies that demonstrate the need for promoting physical activity among students with disabilities and the value of bringing children and youth with and without disabilities together in structured activities. The link provided also includes a number of other research articles.

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?

Athletic competitions (some formally sanctioned by the FHSAA) that allow children and youth with & without disabilities to compete together; Leadership development activities that bring children & youth with & without disabilities together to plan & execute public service projects; Whole-school engagement activities promoting school inclusion of children & youth with disabilities; Activities for younger children to improve social & motor skills & prepare them for school environment success.

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

Athletic competitions (some formally sanctioned by the FHSAA) that allow children and youth with & without disabilities to compete together; Leadership development activities that bring children & youth with & without disabilities together to plan & execute public service projects; Whole-school engagement activities promoting school inclusion of children & youth with disabilities; Activities for younger children to improve social & motor skills & prepare them for school environment success.

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 motor skills and overall health of individuals with intellectual and developmental disabilities.	Survey students, family members, school administrators, and faculty.
<input checked="" type="checkbox"/> Improve mental health	Improvement in self-esteem and confidence and reduced social anxiety among individuals with intellectual and developmental disabilities.	Surveys of students, family members, school administrators and faculty.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Students who report increased understanding and acceptance of individuals with intellectual and developmental disabilities (I/DD), reduce bullying by students with I/DD.	Surveys of students, family members, school administrators and faculty.
<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:	250,000	13.1%	N/A
2. Federal:	350,000	18.3%	Yes
3. State: (Excluding the requested Total Amount in #4d,	250,000	13.1%	Yes

Column F)			
4. Local:	0	0.0%	No
5. Other:	1,064,853	55.6%	Yes
TOTAL	1,914,853	100%	

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