

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Our Pride Academy, Inc.
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Daniel Perez  
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>	<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:		500,000	500,000		1,800,000	1,800,000

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.  
Repayment of funds to the State

6. Requester:

- a. Name: Cristina Cartaya
- b. Organization: Our Pride Academy, Inc. OPA Works
- c. Email: ccartaya@ourprideacademy.org
- d. Phone #: (305)271-2678

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

- a. Name: Cristina Cartaya
- b. Organization: Our Pride Academy, Inc. OPA Works
- c. Email: ccartaya@ourprideacademy.org
- d. Phone #: (305)271-2678

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

- a. Name: Alex Villalobos
- b. Firm: Florida Legislative Research, LLC
- c. Email: avillalobos@meyerbrookslaw.com
- d. Phone #: (786)564-1104

9. Organization or Name of entity receiving funds:

- a. Name: Our Pride Academy, 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): 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?

Our Pride Academy, Inc. OPA Works Program has designed a work program that provide situations and experience to help program participants learn skills, gain confidence, build self-esteem and develop good work habits and attitudes to help them become employable. As well as, a wellness and fitness program. Individuals with disabilities are at a higher risk of health conditions, therefore, preventative health and wellness needs are essential to prevent the likelihood of becoming overweight or ob

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	Director will oversee and train individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model	80,100
<input checked="" type="checkbox"/> b. Other Salary and Benefits	CEO 30% admin, 7 managers will train individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model. Indirect costs (10% for operating administrative overhead) 10% indirect costs for operating administrative overhead	410,774
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Rent (12,500 sq.ft. class A bldg. @\$20.00) Office supplies Payroll	450,000

	taxes admin	
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Web designer for program Budget consultant Accounting services Audit services	105,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Bookkeeper 30% program, Community/Event coordinator 30% program., building maintenance 10% program, 7 job coaches will train individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model. Wellness and fitness instructors (minimum 2)	277,698
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Wellness and fitness supplies Program supplies Payroll taxes program	226,428
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Liability/property insurance Workman's compensation Auto insurance Auto maintenance/gas License/taxes Postage Dues/subscriptions Telephone Printing Advertising Marketing Building maintenance Alarm monitoring Additional educational program Utilities	250,000
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,800,000

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:

This program has been supported by various agencies and foundations in Miami Dade County. Work for America, a non-profit organization working towards the employment of individuals with developmental and intellectual disabilities has been a monetary supporter. University of Miami-CARD (University of Miami – Center for Autism and Related Disabilities) has supported the program by sending licensed therapists to work with individual clients. Florida International University sends students to ment

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:

From the Office of the Governor Executive Order Number 13-284 and Executive Order Number 11-161 reaffirms the commitment to employment for Floridians with disabilities.

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?

Assist those in need in our community

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

assist those in need in our 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 autism and related disorders

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	By using physical activity to get out of the house and working. Preventative health and wellness.	Regular attendance. Mobility, weight control
<input checked="" type="checkbox"/> Improve mental health	Using their cognitive abilities to learn skills and increase self-esteem.	Regular attendance and performance reviews.
<input checked="" type="checkbox"/> Enrich cultural experience	Going into the community.	Sales and distribution
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Continued education in all functional skills.	Academic curriculum
<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 checked="" type="checkbox"/> Increase or improve economic activity	Becoming wage earners	Competitive employment (Publix) and/or self-employment.
<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:	1,800,000	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
<b>TOTAL</b>	<b>1,800,000</b>	<b>100%</b>	

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

No