

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ability Tree Florida R.E.S.T. and Recreation Center

2. Date of Submission: 11/13/2019

3. House Member Sponsor: Ralph Massullo

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	Column: B	Column: C	Column: D	Column: E	Column: 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:					220,200	220,200

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.

Return of funds to State for non-performance of contract/deliverables.

6. Requester:

- a. Name: Wayne Cordova
- b. Organization: Ability Tree Florida
- c. Email: waynecordova@abilitytree.org
- d. Phone #: (561)315-3106

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

- a. Name: Wayne Cordova
- b. Organization: Ability Tree Florida
- c. Email: waynecordova@abilitytree.org
- d. Phone #: (561)315-3106

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: Ability Tree of Florida, Inc
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Hernando, Pasco

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 R.E.S.T. program serves families impacted by disability through recreation, education, support and training. This includes respite services for parents and caregivers of children with special needs, and family-friendly community events they are be a part of without worry or limitations. Because the needs of this population are complex, many of the families we serve have very limited access to care.

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	Executive Director 50,000	50,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Program Director 25000 Program Coordinator 25000	50,000
<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	4 Part Time Staff 40,000 Benefits 10,000	50,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Rent 18,000 Utilities/Power 7,200 Equipment 20,000	45,200
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construct 3 new indoor rooms, 2 check in & security stations, replace damaged flooring, & install cabinets for supplies & projects. Update	25,000

	exterior for handicap accessibility & furnish Sensory Room, Technology & Development Classroom, Art Classroom, & indoor soft gym.	
TOTAL		220,200

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:

We have letters and messages of support coming from families of the over 500 children we have served and the hundreds of families in our database so far.

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 Florida Department of Education Bureau of Exceptional Education and Student Services 2019 SEA Profile states that the number of students enrolled in our public schools with disabilities is 401,745. This doesn't take into account students that are homebound, home schooled, or in Private Programs.

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?

R.E.S.T. & Recreation Center is a one-of-a-kind facility in that serves as Ability Tree's Homebase and will allow us to connect with more underserved families and to recruit volunteers, teaching them how to interact with individuals with disabilities and their families. From here we provide support groups, after school programs, art classes, and respite programs.

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

Support groups, after school programs, art classes, and respite programs.

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	Providing children a space to be active who otherwise might not be if the opportunity wasn't there.	Registration and check in to our indoor gym activities, and our movement classes.
<input checked="" type="checkbox"/> Improve mental health	We will be able to provide respite and peace of mind to parents with children with special needs. Our plan is to reach 80 families and provide 20 hours of respect for each family each week.	Registration and check ins will allow us to measure the impact.
<input checked="" type="checkbox"/> Enrich cultural experience	Our ArtAbility Program is an adaptive and inclusive art experienced designed to allow children of ALL abilities to express themselves through art.	Registration and check in to our ArtAbility Programs.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	IEP Workshops Support Groups Awareness Education and our After School Programs	Registration and check ins will allow us to measure the impact.
<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	Local businesses are our sponsors and partners. We increase their economic activity as our families recognize them as being inclusive to families impacted by disability.	Survey to business owners
<input checked="" type="checkbox"/> Increase tourism	We have families that participate from outside of our area come into our county and spend money on local recreational activities.	Geographic data collected from individual families
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Part Time Work will immediately be available for our facility.	number of jobs
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	We also offer financial planning workshops.	number of attendees at workshops
<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:	220,200	86.3%	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:	35,000	13.7%	Yes
5. Other:	0	0.0%	No
TOTAL	255,200	100%	

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