

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Special Hearts Farm, Inc. Adult Day Training Program
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Kamia Brown
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 <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:					3,000,000	3,000,000

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.
If failure to meet specified program stipulations, disqualified for next fiscal year.

6. Requester:

- a. Name: Patrice Beverly
- b. Organization: Special Hearts Farm, Inc.
- c. Email: specialheartsfarm@gmail.com
- d. Phone #: (407)421-2393

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

- a. Name: Patrice Beverly
- b. Organization: Special Hearts Farm, Inc.
- c. Email: specialheartsfarm@gmail.com
- d. Phone #: (407)421-2393

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: Special Hearts Farm, Inc.
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Lake, Orange, Osceola, Polk, Seminole, Sumter, Volusia

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 specific goal of this project will be to purchase land and build a "forever home" for the Special Hearts Farm. The funds will include building a facility for the Adult Day Training Program, a barn for our "special animals", pasture fencing, and an eventual residential home for residents. This will provide our clients a meaningful day experience, along with a safe forever home. Our focus will continue to include building community inclusion for our clients and support for their families.

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 type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	*Land/Planning - purchasing land *New Construction and/or Renovation of Facilities - Residential Home, Adult Day Training Center, Pasture Fencing, Barn, Handicapped	3,000,000

	Accessibility, Gardens	
TOTAL		3,000,000

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:

Orange County Farm Bureau/Florida Farm Bureau - Grants Awarded 2018,2019; West Orange Healthcare District - Grant Awarded 2018

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:

Florida Developmental Disabilities Council Resource Guide (2013), " A 2008 Disability Status Report from Cornell University concludes that 25 percent of working-age people with disabilities live in poverty compared to nine percent of people without disabilities." HUD/Olmstead aligns with the goals of ending homelessness, especially chronic homelessness, as some individuals with disabilities may be chronically homeless and at serious risk of institutionalization.

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?

*Adult Day Training (day program for individuals with disabilities and unique abilities) in Special Hearts Farm and in Winter Garden/Windermere Farmer's Market. Residential Home Setting (Clients will be able to live on the farm), Community Outings (shopping,leisure activites, community events)

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

Adult Day Training, Music Therapy, Community Outings, Business Opportunities, (Farm store, farmers market), Daily Living Skills, Functional Life Skills

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	Improving physical health and fitness for our clients with disabilities. Providing daily jobs and physical exercise will help reduce weight gain, which can be caused by their disability and medications.	Annual physical exams that show weight control and overall better health.
<input checked="" type="checkbox"/> Improve mental health	Providing a meaningful day for our clients will help decrease behaviors and improve their overall mental health. Many individuals with disabilities suffer from behaviors and depression when they experience too much "down time" and minimal work opportunities.	Mental Health and Behaviors will be measured through Functional Behavioral Assessments and Behavioral Intervention Plan data collection.
<input checked="" type="checkbox"/> Enrich cultural experience	Creating opportunities for our clients to experience music therapy and cultural events in the community setting. Music therapy will be provided by the Special Hearts Farm weekly, and will aid in decreasing inappropriate behaviors.	Reduction in anxiety and behaviors exhibited by our clients. Data collection will be taken to support the value of the music therapy and exposure to cultural experiences.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Educating and training our clients to grow their own food will create healthy eating and help them realize	Clients will choose to eat fresh food that they've grown and will experience dietary health

	<p>the importance of their jobs Vegetables/produce will be sold at the local farmers market to promote the Special Hearts Farm and the farm to table experience.</p>	improvement.
<input checked="" type="checkbox"/> Improve quality of education	<p>Training our clients to perform jobs and educating them in the importance of obtaining daily meaningful work. Providing students from 18-22 the opportunity to train and transition to Special Hearts Farm once they age out of school. We are the first dual program in the State of Florida to serve students still in school and those who have aged out of school.</p>	<p>The method for measuring improving quality of education will be the success rate of the students aging out of school when joining the Adult Day Training Program as reflected on their Summary of Performance (DOE/PEER document).</p>
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	<p>Clients are taught skills in caring for livestock and enjoy the animal/human interaction. The benefit is decreased behaviors and anxiety from daily animal interaction.</p>	<p>The measurement will be data collection to support the benefit of farm jobs and daily human/animal interaction.</p>
<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	<p>Training our clients to sell their farm products (goat milk soap, rustic signs, fresh eggs and vegetables) will provide them with meaningful business opportunities within their community setting. The families of our clients will also benefit economically by having the</p>	<p>Clients will experience business opportunities and realize their jobs produce revenue. Clients families will be able to continue in the work force and not be forced into state welfare systems.</p>

	opportunity to continue working versus leaving the work force to care for their child with a disability.	
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Clients will be trained in farming and gardening skills with the opportunity to obtain jobs in the farming and gardening industry. Farm products will be sold at the local farmers market and in the community setting to give clients job related experiences.	Clients success will be measured in supported or independent employment opportunities to the best of the individuals abilities.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Clients will be trained in self-advocacy and given support with economic self sufficiency to the best of their abilities. Many individuals with disabilities are unable to advocate for them-selves and require multiple levels of support and prompting.	Document clients success and areas in need of improvement on their daily communication log that is used for their Implementation and Annual Plans (requirement of APD).
<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:	3,000,000	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	3,000,000	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