

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: YMCA of Florida's First Coast for the Immokalee Unique Abilities Center
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Clay Yarborough
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:		500,000	500,000		500,000	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 Health
 - 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.
Money per day due to not meeting the minimum requirements as provided

6. Requester:

- a. Name: Eric Mann
- b. Organization: YMCA of Florida's First Coast
- c. Email: emann@fcymca.org
- d. Phone #: (904)625-3876

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

- a. Name: Nekita Nesmith
- b. Organization: YMCA of Florida's First Coast
- c. Email: nnesmith@fcymca.org
- d. Phone #: (904)265-1812

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

- a. Name: Mark Pinto
- b. Firm: The Fiorentino Group
- c. Email: mpinto@thefiorentinogroup.com
- d. Phone #: (904)358-2757

9. Organization or Name of entity receiving funds:

- a. Name: YMCA of Florida's First Coast
- b. County (County where funds are to be expended): Clay
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Baker, Bradford, Clay, Duval, Nassau, Putnam, St. Johns

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?

These funds will support construction to bring Immokalee to ADA compliance allowing service to those of all ages with unique abilities including veterans. We will be able to provide programming throughout the year that will support the journey of veterans to healing through established partnerships with Building Healthy Military Communities, Dept. of Veterans Affairs and Operation Purple. We will double the number of civilians served with physical disabilities throughout five counties as well.

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	Dollars will be used to create additional pathways, facilities and permanent program elements for use by individuals with physical disabilities.	500,000

TOTAL		500,000
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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:

Letters of support can be made available upon request.

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 rate of suicide in our veteran population is alarming and especially over the age of 50. This alarming trend could impact as many as 136,000 veterans in our community. This alarming trend could impact as many as 136,000 veterans in our area and we believe we can be a part of the solution in partnership with others. <https://www.military.com/daily-news/2014/08/31/older-vets-committing-suicide-at-almarmi>

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?

Physical and mental wellness programs for all veteran groups, military family support programs, senior health and wellness, youth health and wellness.

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

Additional accommodations for persons with unique abilities will allow for an increase in the number served. Access to swimming pool-wheel chair access devices will allow participants with disabilities to participate in cardiovascular wellness programming and aquatic aerobics programming to help an underserved population.

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): Active military and veterans

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	Being engaged in an outdoor active environment will help to improve the physical health of all participants.	Participants will be surveyed to determine growth in overall physical wellness post participating in outdoor activities.
<input checked="" type="checkbox"/> Improve mental health	Outdoor activity helps reduce stress and provides relief for anxiety and depression. PTSD is a condition that plagues our veteran community and outdoor activity helps to heal the invisible wound of combat.	Pre and post quality of life surveys will be conducted with participants to determine improvement
<input checked="" type="checkbox"/> Enrich cultural experience	Participants will be exposed to a diverse and inclusive environment as a result of this project.	Through the residential experience participant profiles are tracked. The goal is to work toward participant types that mirror the communities we serve.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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	More specialized staff will be hired to accommodate the increase in participants and to provide the programs and support necessary	Review the number of positions filled by local candidates.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	There will be at least 25 new positions created as a result of this new project.	Positions will be filled by individuals from the community as well as high school and college students throughout the area.
<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): Active duty military and veterans, persons with disabilities	Specific programming with partner organizations will be provided to assist in physical and mental wellness of those to be served.	Surveys will be used to assess the level of physical and mental wellness of participants at the start of the program and reassessed post completion to determine progress.

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
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			funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	55.6%	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:	400,000	44.4%	Yes
TOTAL	900,000	100%	

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

No