

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Independent Living Services in Rural and Underserved Areas
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Toby Overdorf
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? 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.
Development of Corrective Action Plan with possible financial penalties if corrective measures are not achieved timely

6. Requester:

- a. Name: Jane Johnson
- b. Organization: Florida Association of Centers for Independent Living
- c. Email: jane@floridacils.org
- d. Phone #: (850)575-6004

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

- a. Name: Jane Johnson
- b. Organization: Florida Association of Centers for Independent Living
- c. Email: jane@floridacils.org
- d. Phone #: (850)575-6004

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

- a. Name: Georgia McKeown
- b. Firm: Johnson & Blanton
- c. Email: georgia@teamjb.com
- d. Phone #: (904)303-1611

9. Organization or Name of entity receiving funds:

- a. Name: Centers for Independent Living
- b. County (County where funds are to be expended): Alachua, Bay, Brevard, Broward, Duval, Escambia, Hillsborough, Lee, Leon, Miami-Dade, Monroe, Orange, Palm Beach, Pasco, Sarasota, Volusia
- 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?

The requested funding will be used to help Florida’s 2.37 million people with disabilities to gain independence, employment skills and obtain a greater quality of life. At a minimum, an additional 1,748 individuals with disabilities will receive services to help them attain employment and live as independently as possible in their communities. There has been no increase in funding for these services in over a decade.

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	Each of the 15 Centers for Independent Living will receive \$150,000 hire qualified staff to provide services and supports to persons with disabilities in rural and under-served areas of Florida.	2,250,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	The 15 Centers for Independent Living will allocate \$50,000 to cover costs associated with staff travel and equipment necessary to expand their outreach to rural and under-served areas.	750,000

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
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:

This request is supported by the National Council on Independent Living (NCIL), and has been verified through consumer and disability stakeholder input received during at least three public hearings conducted by the Florida Independent Living Council in 2018 and 2019.

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 need for additional funding to support services in rural areas is demonstrated by national research conducted by the Association of Programs for Rural Independent Living (APRIL) and is documented in the State Plan for Independent Living (SPIL) which is required by Florida law (s.413.393, F.S.).

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?

The need for additional funding to support services in rural areas is demonstrated by national research conducted by the Association of Programs for Rural Independent Living (APRIL) and is documented in the State Plan for Independent Living (SPIL) which is required by Florida law (s.413.393, F.S.).

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

Advocacy, information & referral services, Independent Living skills training, Peer Mentoring, employment training, assistance with transitioning from institutional settings to the community or transitioning from high school to post-secondary education or employment.

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	Centers for Independent Living will help individuals with disabilities access services and supports necessary to maintain physical health (social determinants of health), such as transportation, peer supports and durable medical equipment.	Number of people with disabilities with medical conditions receiving services from a Center for Independent Living.
<input checked="" type="checkbox"/> Improve mental health	Individuals with disabilities will experience improved mental health as a result of involvement in peer support groups and other social supports provided through Centers for Independent Living.	Number of individuals in rural areas participating in peer support activities and social support services through Centers for Independent Living.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Centers for Independent Living will help parents and students advocate for appropriate accommodations available to students with disabilities	Number of individuals in rural areas receiving education advocacy training and IEP assistance from a Center for

	under the Individuals with Disabilities in Education Act (IDEA).	Independent Living.
<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 checked="" type="checkbox"/> Improve transportation conditions	Centers for Independent Living will educate consumers about accessible transportation options available in their communities and assist them with accessing those options.	The number of individuals receiving transportation assistance from a Center for Independent Living in a rural area.
<input checked="" type="checkbox"/> Increase or improve economic activity	The employment rate among Floridians with disabilities in rural areas will increase as access to employment training and supports is provided.	Number of Floridians with disabilities who are employed in rural areas.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Individuals with disabilities who become self-sufficient will gain independence and contribute to their local and state economy.	Number of individuals with disabilities receiving employment services from a Center for Independent Living.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Supportive services and supports will be offered to youth with disabilities through Centers for Independent	Number of youth with disabilities who receive services from a Center for Independent Living and are

	Living.	successfully transitioned.
<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	50.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	3,000,000	50.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	6,000,000	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