

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Project LifeTown Workforce Training
2. Date of Submission: 11/06/2019
3. House Member Sponsor: Jason Shoaf
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:					750,000	750,000

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 Economic Opportunity
 - 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.
Penalties will be outlined in contract between Progressive Pediatric and State Agency.

6. Requester:

- a. Name: Kevin Kolka
- b. Organization: Progressive Pediatric Foundation, Inc.
- c. Email: kevin.kolka@progressivepediatric.org
- d. Phone #: (850)325-6301

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

- a. Name: Kevin Kolka
- b. Organization: Progressive Pediatric Foundation, Inc.
- c. Email: kevin.kolka@progressivepediatric.org
- d. Phone #: (850)325-6301

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

- a. Name: Bryan Cherry
- b. Firm: PinPoint Results
- c. Email: bryan@pinpointresults.com
- d. Phone #: (850)544-5673

9. Organization or Name of entity receiving funds:

- a. Name: Progressive Pediatric Foundation, Inc.
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington

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?

To provide specific workforce training, job/life skills; physical therapy; speech therapy; occupational therapy; music therapy; art and educational opportunities to children and young adults with disabilities to become immediately employable and live independently.

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	100% of funds will be used to renovate an existing building.	750,000
TOTAL		750,000

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:

Support from the board members, and community including but not limited to: the agency for persons with disabilities, ACHA, Tallahassee Mayor John Dailey, Leon county commissioner Bryan Desloge

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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?

Renovate a workforce training facility on property owned and operated by Progressive Pediatric. Facility will provide front-facing square footage for current/potential tenants (rental income stability) and employment opportunities for students and clients.

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

Workforce Training, Occupational Therapy, Physical Therapy, Speech Therapy, Music Therapy, Art and Education. The workforce training will provide job employment training of soft skills and technical skills for people with disabilities.

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	We serve young adults with disabilities such as Autism, Down Syndrome, Cerebral Palsey, etc. We will provide workforce training that includes life skills and job placement	Successful completion of the training program.

	<p>training activities. We will provide on-campus and off-campus job training with business partners. We will provide therapeutic interventions *</p> <p>Competence in skilled job related activities * Competence in navigating public transportation</p>	
<input checked="" type="checkbox"/> Improve mental health	<p>* Competence in skilled job related activities * Competence in soft skill communication techniques *</p> <p>Develops critical thinking skills through job training activities</p>	Successful completion of the training program.
<input type="checkbox"/> Enrich cultural experience		
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	<p>* Workforce training will include training on an agricultural production</p> <p>* Competence in agricultural job related activities * Generation and sales of agricultural products</p>	Successful completion of the training program.
<input checked="" type="checkbox"/> Improve quality of education	<p>We are providing a supportive workforce training program that will focus on supporting the individual with a disability to be successful. We will have therapy supports (Occupational, Physical, Speech and Music Therapies) in the training program for the students to increase their ability to be successful. *</p> <p>Competence in Soft Skills Training *</p> <p>Competence in Life Skills Training *</p> <p>Competence in work related activities</p>	Education / Workforce Training Program Physical, Occupational and Speech Therapy
<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	The workforce training program will provide more independence to the students participating: * Improved life skills * Improved soft skills * Improved workforce skills	Job/Life skills to live and work independently Successful completion of the training program.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	LifeTown campus that will house the workforce training program will have on-campus and off-campus business partners. These partners will provide supported job opportunities for the students.	Workforce Training Program that provides: specific, relevant employment skills Successful completion of the training program.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Students participating will learn sustainable job skills that will allow them to enter the workforce with supports and mature to the individuals successful capabilities.	Job/Life skills, workforce training, physical, occupational and speech therapies, education program Successful completion of the training program.
<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:	750,000	50.0%	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:	750,000	50.0%	Yes
TOTAL	1,500,000	100%	

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

No