

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Asian Services Center (FASC) Senior Wellness Initiative
2. Date of Submission: 11/12/2017
3. House Member Sponsor: Roy Hardemon
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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:					72,000	72,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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 Elder Affairs
 - 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.
The percent of under-performance funds will be returned if failing to meet deliverables.

6. Requester:

- a. Name: Winnie Tang
- b. Organization: Florida Asian Services Center
- c. Email: winnievhtang@aol.com
- d. Phone #: (305)753-8791

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

- a. Name: Winnie Tang
- b. Organization: Florida Asian Services Center
- c. Email: winnievhtang@aol.com
- d. Phone #: (305)753-8791

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: Florida Asian Services Center
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Palm Beach

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?

Florida Asian Services Center (FASC) requests Local Initiative Funding for the period of 2018-2019 to support the FASC Senior Wellness Initiative to motivate seniors to be active for better health, mobility and strength through health fairs and education programs that allow seniors to keep on top of their health, at the Florida Asian Services Center in North Miami, Miami-Dade County.

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 (1)/Program Director (1): Implementing and expanding programs; develops strategic plans and set goals for all programs; also connects with local businesses, elected officials, and community leaders to gain support and resources for their programs.	15,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Office Assistant (1): Ensuring that the office functions efficiently and smoothly and provides clerical, secretarial, and administrative support to other employees.	5,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel: Workshops, Training, Meetings.	750
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program Assistants (2): Assist with planning, administration,	10,000

	coordination, and facilitation of Center activities and training of volunteers to maximize the quality and capacity of the Center's programs.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Facility Usage: Electricity, Water, Phones, Internet, Security, Liability Insurance; Travel: Training, Workshops; Office Supplies: Paper, Copier Toners; Marketing.	16,250
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Activity Trainers: Tai Chi Instructors, Dance Instructors, Exercise Coaches, Group Counselors, Transporters.	25,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		72,000

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)

N/A

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: Asian American Federation of Florida - South Region, OCA South Florida Chapter; Major Organizational Backing: National Coalition for Asian Pacific American Community Development, Asian American Advancing Justice - LA, Local Businesses

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:

Study: Exercise Program in Senior Centers Helps Decrease Pain and Improve Mobility in Older Adults, November 9, 2015, New York, NY

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?

Total: 950 Serving Units: 1) Physical Activity Classes: 120 units; 2) Health Education Workshops: 12 units; 3) Recreational Activities: 100 units; 4) Transport Service: 600 units; 5) Group Counseling: 30 units; 7) Educational Seminars: 18 units; 8) Special Events: 20 units; 9) Computer Classes: 50 units.

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

Physical activity classes, ballroom dance classes, group exercises, Tai-Chi classes; health education workshops and free health screening services, educational resources; recreational activities; transportation services; group counseling; educational seminars; cultural events; field trips; computer classes.

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	1) Physical Activity Classes: 120 units; 2) Health Education Workshops: 12 units.	Sign-in logs; Pre-activity and post-activity evaluations.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	3) Recreational Activities: 100 units; 4) Transportation Services: 600 units; 5) Group Counseling: 30 units; 7) Educational Seminars: 18 units; 8) Special Events: 20 units; 9) Computer Classes: 50 units.	Sign-in logs; Pre-activity and post-activity evaluations.
<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 type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<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 type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 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:	72,000	48.3%	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:	0	0.0%	No
5. Other:	77,000	51.7%	Yes
TOTAL	149,000	100%	

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