

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Kathleen Anderson Comprehensive Work Center ? Operation G.R.O.W.
2. Date of Submission: 10/31/2017
3. House Member Sponsor: Scott Plakon
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? 2017-18
- 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 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:		240,000	240,000		275,004	275,004

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? Agency for Persons with Disabilities
 - 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.
Funding may be revoked.

6. Requester:

- a. Name: Stephanie Ryan
- b. Organization: Inspire of Central Florida
- c. Email: sryan@inspirecfl.org
- d. Phone #: (407)699-4419

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

- a. Name: Lisa Garbers
- b. Organization: Inspire of Central Florida
- c. Email: lgarbers@inspirecfl.org
- d. Phone #: (407)699-4419

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: The Kathleen Anderson Comprehensive Work Center Inc., d/b/a
- b. County (County where funds are to be expended): Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Orange, Seminole

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?

Continued support of Operation G.R.O.W. (Giving Real Opportunities for Work) program. We will be entering the third year of the program. Operation G.R.O.W. is an internship program supporting developmentally disabled adults in a host real world business environment in an attempt to enhance their employability to secure outside employment, reducing dependence on state assistance.

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	A portion of the Executive Director's salary and benefits are covered in this portion of the funds. Additionally the Program Coordinator's salary and benefits are included in this section.	60,850
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Funding covers various contracted services, firewall renewal, agency technology costs for HIPAA compliance, and various agency contracts.	27,024
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	This section includes a portion of the Finance Officer, Assistant Finance Officer, and Administrative Assistant salaries and benefits as well as a portion of the Workmen's Comprehensive insurance. Two	95,887

	employment specialists salaries and benefits are included in this section.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	This section will provide funding for portions of the facility maintenance, G.R.O.W. staff training, office supplies, intern transportation, and classroom materials.	55,428
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	The costs associated with this section with provide funding for portions of consultant fees, marketing/advertising, record management systems, agency utility's and the liability insurance.	35,815
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		275,004

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:

Our organization receives support in the form of two grants from Seminole County through their Community Standards Office (CSA). We have also been awarded another grant from the CSA office called the CDBG grant that will help in our continuing efforts to renovate the facility. We have received letters of support from partner businesses and community supporters.

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?

A continuation of Operation G.R.O.W. a job placement/internship program that benefits developmentally disabled adults and prepares them for outside competitive employment.

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

Provide "Real World" simulated training to the developmentally disabled interns to enhance their employability, increase independence, and reduce dependence on state funding.

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 type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	Enhance employability and opportunity to secure outside employment through an internship program.	Measure the number of interns offered outside employment as a result of program participation.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Provide skills to interns to help secure outside employment and financial independence.	Measure number of interns who secured outside employment as a result of program participation.
<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:	275,004	63.7%	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:	75,240	17.4%	No
5. Other:	81,757	18.9%	No
TOTAL	432,001	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 2018-19 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