

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Easter Seals of Florida Life, Employment and Community Skills (LEC) Program

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Randy Fine

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:		50,000	50,000		52,500	52,500

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.

If the provider fails to provide Life Skills Activities, Employment- Readiness Activities or Community Skills Activities for a minimum of 20 participants each, during the monthly reporting period, the provider's monthly invoice payment shall be reduced by one quarter of one percent (0.25%) per instance (participant).

6. Requester:

- a. Name: Suzanne Caporina
- b. Organization: Easter Seals Florida, Inc.
- c. Email: scaporina@fl.easterseals.com
- d. Phone #: (407)629-2978

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

- a. Name: Suzanne Caporina
- b. Organization: Easter Seals Florida, Inc.
- c. Email: scaporina@fl.easterseals.com
- d. Phone #: (407)629-2978

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

- a. Name: Bob Asztalos
- b. Firm: Asztalos & Associates, LLC
- c. Email: aaassociates@comcast.net
- d. Phone #: (850)284-1166

9. Organization or Name of entity receiving funds:

- a. Name: Easter Seals Florida, Inc.
- b. County (County where funds are to be expended): Brevard
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Indian River

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?

Easter Seals Florida's Life, Employment and Community Skills (LEC) Program will provide education and training to individuals with disabilities or special needs. The LEC program goal is to prepare our students to enter the workforce and live as independently as possible within their communities. Multi-sensory teaching materials, technology and functional curriculum will be utilized by an experienced, exceptional education teacher. The LEC program is in classroom and community settings.

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	Center Director - 6% for supervision of teacher/subs and quality assurance of program,	3,539
<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	Teacher and substitutes for teacher vacation, planning days and educational workshops.	36,645
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program/office general supplies; student learning and educational materials and classroom equipment; expenses for community outings, including transportation and	12,316

	entrance/exhibit fees; occupancy space, utilities, fires safety system, preventative maintenance, pest control, janitorial.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		52,500

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:

Students, parents and support coordinators entering into the Easterseals program request and express support of the LEC program through their documented individualized support plan and goals. Each student complies a team of professionals and family supports to assist in developing their individualized plan. This team is made up of the students themselves, parents, caregivers, waiver support coordinators and supported living coaches. All IP's are current within one year.

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?

Life skills, employment readiness skills and community enrichment skills.

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

Multi-sensory teaching materials, technology and functional curriculum will be utilized by an experienced, exceptional education teacher to provide instruction in an age-appropriate classroom setting with five (5) 45-minute classes per day, five days per week, as well as in community-based environments. Students may participate in one to five classes a week depending on their scheduled program days and class availability.

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	Health/Safety & Wellness - proper nutrition, eating healthy, physical & mental activity are part of the LEC life skills training - in a classroom setting and within the community.	Measuring tools will include task analysis data, work samples, written tests, oral performance, teacher-made tests, observation, surveys, computer/software/ipads activity/application and assessments, as well as role play for accuracy and measure.
<input checked="" type="checkbox"/> Improve mental health	Health/Safety & Wellness - yoga classes, dance classes, fitness, proper nutrition, eating healthy, physical & mental activity	Measuring tools will include task analysis data, work samples, written tests, oral performance, teacher-made tests, observation, surveys computer/iPads activities/applications and role play, participation in, etc. Outing destinations and length, participants? names, pictures/videos and successes and/or challenges (e.g. accessibility) will also be documented. Ongoing data collection and quarterly reports will capture goals achieved
<input checked="" type="checkbox"/> Enrich cultural experience	Community Outings will include areas to enrich students cultural experience (e.g. - cultural day, different ethnic	Measuring tools will include task analysis data, work samples, written tests, oral performance, teacher-

	foods, dress, exhibits). Provide training, instruction and skill practice per students? program goal(s) through planned small-group outings in the community: ? Cultural experiences ? Volunteering, community service ? Using public transportation ? Participation in off-site classes: computer, cash handling, cooking,	made tests, observation, surveys computer/iPads activities/applications and role play, participation in, etc. Outing destinations and length, participants? names, pictures/videos and successes and/or challenges (e.g. accessibility) will also be documented. Ongoing data collection and quarterly reports will capture goals achieved
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Expand students knowledge in Life, Employment and Community Skills by providing training classes in these areas.	Measuring tools will include task analysis data, work samples, written tests, oral performance, teacher-made tests, observation, surveys computer/iPads activities/applications and role play Outing destinations and length, participants? names, pictures/videos and successes and/or challenges (e.g. accessibility) will also be documented Ongoing data collection and quarterly reports will capture goals achieved
<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	Students will learn how to look up bus service, how to use the public bus system, including on-line system and payments.	Measuring tools will include task analysis data, observation and demonstration testing.

<input checked="" type="checkbox"/> Increase or improve economic activity	<p>Basic per-employment skills (e.g. appropriate workplace dress and behavior, punctuality and attendance, ?meet and greet? techniques) ? Creating ?career profiles? ? Completing job applications and writing resumes ? Computer use ? touchscreens, iPads and assistive technology ? Computer basics ?typing, Internet use, data entry/processing; online job search and applications ? Basic interviewing techniques and role play</p>	<p>Measuring tools will include task analysis data, work samples, written tests, oral performance, teacher-made tests, observation, surveys, computer software/iPads activities/applications/assess-ments and role play Ongoing data collection and quarterly reports will capture goals achieved</p>
<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:	52,500	100.0%	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:	0	0.0%	No
TOTAL	52,500	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