

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Our Pride Academy, Inc. - OPA Works Program
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Jeanette Nunez  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		1,200,000	1,200,000		1,200,000	1,200,000

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? Agency for Persons with Disabilities
  - 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.

At Our Pride, we take our name seriously, and we are very proud of what we do and how we do it. If for whatever reason, we fail to meet the State's deliverables, we will work with the agency to correct our mistakes and accept whatever penalties are fair and appropriate.

6. Requester:

- a. Name: Cristina Cartaya
- b. Organization: Our Pride Academy, Inc. OPA Works
- c. Email: ccartaya@ourprideacademy.org
- d. Phone #: (305)271-2678

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

- a. Name: Cristina Cartaya
- b. Organization: Our Pride Academy, Inc. OPA Works
- c. Email: ccartaya@ourprideacademy.org
- d. Phone #: (305)271-2678

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

- a. Name: Alex Villalobos
- b. Firm: Florida Legislative Research, LLC
- c. Email: avillalobos@meyerbrookslaw.com
- d. Phone #: (786)564-1104

9. Organization or Name of entity receiving funds:

- a. Name: Our Pride Academy, Inc.
- 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, Monroe

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?

Our Pride Academy, Inc. The OPA Works Program has designed a work program for individuals with developmental disabilities that provide situations and experiences to help our program participants to learn skills, gain confidence, build self-esteem and develop good work habits and attitudes to help them become employable. This program will create jobs and job opportunities for those that are marginalized in our communities.

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	Director will oversee and train individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model. This includes medical, dental, life and disability benefits.	68,528
<input checked="" type="checkbox"/> b. Other Salary and Benefits	CEO 30% admin, 12 managers that will train individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model. Indirect costs (10% for operating administrative overhead). This includes medical, dental, life, disability benefits.	477,000

<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Rent (12,500 sq. ft. class A bldg. @\$20.00), office supplies, payroll taxes admin	290,100
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Budget consultant, accounting services, audit services, attorney services	150,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Bookkeeper 30% program, community/event coordinator 30% program, building maintenance 20% program	176,118
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Purchase of a Ford pick up truck for delivery of laundry bins and linens	38,254
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>1,200,000</b>

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:

This program has been supported by various agencies and foundations in Miami Dade County. Goodwill Industries of South Florida provides contract work to provide employment opportunities for our clients. The Betsy Hotel South Beach is promoting our candles and body scrubs in the hotel. Spirit Airlines, CareerXchange, Lennar Corp., Expeditors Inc., and other have become clients. Florida International University sends volunteers to assist in the work program as well as providing contract work.

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:

In Executive Order 13-284 and Executive Order Number 11-161 reaffirms the commitment to employment for Floridians with disabilities. Governor Scott in his Executive Order recognizes that employment is the most direct and cost effective means in helping an individual achieve independence and self-fulfillment which should be the primary objective of public assistance programs. In Executive Order 11-161, Governor Scott created a Governor's commission on Jobs for Floridians with Disabilities.

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?

Training individuals with developmental and intellectual disabilities to gain the necessary skills for competitive employment, contract work, and/or become self-employed using an entrepreneurial model.

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

Continuation of currently funded program that includes 12 managers who assess individual skills and based on those skills, help train and place adults with developmental disabilities in various employment opportunities.

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): Individuals with autism and other developmental and intellectual disabilities

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	Using physical activity to get out of the house and working	Regular attendance, mobility, weight control
<input checked="" type="checkbox"/> Improve mental health	Using cognitive abilities to learn skills and increase self-esteem	Regular attendance and performance reviews
<input checked="" type="checkbox"/> Enrich cultural experience	Going into the community and meeting people	Sales and distribution
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input checked="" type="checkbox"/> Improve quality of education	Continued education in all functional skills	Academic curriculum
<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	Becoming wage earners	Competitive employment (i.e. Publix) and/or self employment
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Small business models: OPA candles and such, OPA suds, in Good Tastes	Sales, contract work, competitive employment
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Community based employment and/or self-employment opportunities	Contributing to the tax base and reduce reliance on public funds
<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:	1,200,000	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
<b>TOTAL</b>	<b>1,200,000</b>	<b>100%</b>	

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

No