

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Challenge Enterprises of North Florida, Inc. - Club Challenge
2. Date of Submission: 11/14/2017
3. House Member Sponsor: W. Cummings  
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:		168,150	168,150		252,225	252,225

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.

For failure to provide services for a minimum of 10 participants the providers monthly invoice payment shall be reduced by one quarter of one percent (.25) per instance (participant). And the Agency for Persons with Disabilities must implement financial consequences in accordance with Page 7, Section 38 of the Standard Contract and Section 287.058 (1)(h), F.S. if the provider does not perform in accordance with the terms and conditions of the Contract.

6. Requester:

- a. Name: Nancy C. Keating
- b. Organization: Challenge Enterprises of North Florida, Inc.
- c. Email: nancyk@challengeenterprises.org
- d. Phone #: (904)284-9859

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

- a. Name: Nancy C. Keating
- b. Organization: Challenge Enterprises of North Florida, Inc.
- c. Email: nancyk@challengeenterprises.org
- d. Phone #: (904)284-9859

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: Challenge Enterprises of North Florida, Inc.
- b. County (County where funds are to be expended): Clay, Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Bradford, Clay, Duval, Nassau

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?

Engage persons with developmental disabilities on the APD waiting list, unfunded adults with different abilities and senior adults with developmentally disabilities that have retired from their jobs and are isolated with new opportunities including pre-employment training, volunteering and socializing with friends and peers.

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 small percentage 1% of the Executive Staff and 100% of the Project Manager salaries and benefits for Club Challenge. The benefits required by law and benefits eligible under Challenge Enterprises policies are included.	59,167
<input checked="" type="checkbox"/> b. Other Salary and Benefits	A portion of the financial and clerical personnel wages and benefits that attend to the accounts payable, receivables and clerical that supports the project, its staff and membership.	3,213
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Expenses will include a portion of the insurance, technology, utilities, supplies, and communications.	4,254
<input type="checkbox"/> d. Consultants/Contracted Services/Study		

Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	The direct care personnel include Activities Leader I, Activity Leader II, and two Assistants. The direct care staff is screened through the Clearing House and completed all APD training. They will be assigned activities by the Project Manager to supervise and guide small groups and individuals enrolled at Club Challenge achieve their personal goals.	132,378
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Expenses will include utilities, two additional computer stations for the members to utilize, gasoline and maintenance for special trips when using a Challenge Enterprises vehicle, expendable supplies such as paper products for restrooms, business supplies, supplies for activities, staff training and travel.	53,213
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		252,225

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 from families and community agencies.

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:

Challenge Enterprises viewed a document from Florida Department of Education issued by Clay County Exception Student Education department Transition Coordinator indicating that 45% of the Clay County Exceptional Students sit at home after the School Bus Stops upon graduation with no post-secondary plans.

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?

Formal and informal sessions on job training, volunteering to learn new skills, advocacy training, and socializing with peers at the Club Challenge and at recreational locations of their choice. The individuals will be advocating for themselves to identify areas of interest and to explore new activities that will benefit personal independence.

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

Trained personnel will work with adults on activities that the adult chooses to engage in with peers, special sessions on healthy living, finances, advocacy transportation, assisting others as a volunteer at area nonprofit centers and exploring opportunities for work. Regular participation will eliminate their isolation after the School Bus stops and during retirement years.

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	Improve physical stamina within a 6 month period by participating in 6 physical activities per month.	Individuals will have 8 opportunities per month to engage in physical fitness activities to increase the distance they can walk, increase time on an exercise bike, and increase

		amount of weight lifted and compare results. 2, 4, and 6 months.
<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 checked="" type="checkbox"/> Improve transportation conditions	Increase number of bus stops by 2 to provide easy access for persons with disabilities.	Club Challenge Members in Advocacy Training will request a meeting with Clay Transit to identify two new stops for the Orange Line route by February 2018 for Club Challenge.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Three successfully placed Club Challenge Members will earn money at a part time job of their choice by June 2018.	Club Challenge personnel will offer Pre-employment training, explore work opportunities, refer to Certificated Employment Specialist or Job Coach to place 3 Club Challenge Members by June 2018.
<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 checked="" type="checkbox"/> Other (Please describe): Improve ability to ride public transit	Club Challenge Members will ride local transportation to an activity without supervision one time per month.	Club Challenge Leaders will ride 4 times per month for 4 months with the members and train them where to catch the bus to access an activity outside of Club Challenge.

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:	252,225	92.5%	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:	2,484	0.9%	Yes
5. Other:	18,000	6.6%	Yes
<b>TOTAL</b>	<b>272,709</b>	<b>100%</b>	

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