

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Removing the Barriers Initiative - Stirring Waters, Aquatic Services
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Ben Albritton
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: | | | | | 2,000,000 | 2,000,000 |

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.
State funds will be returned

6. Requester:

- a. Name: Bill Redmon
- b. Organization: Removing the Barriers Initiative
- c. Email: bill@removingthebarriers.com
- d. Phone #: (863)632-1924

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

- a. Name: Bill Redmon
- b. Organization: Removing the Barriers Initiative
- c. Email: bill@removingthebarriers.com
- d. Phone #: (863)632-1924

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: Removing the Barriers Initiative
- b. County (County where funds are to be expended): Polk
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

1. To improve the quality of life for people with disabilities by providing a place where they can safely and appropriately experience an enjoyable aquatic experience that can include the whole family or friends. One that can be fully experienced even by a person who is quadriplegic.
2. To provide a unique form of physical and emotional therapy that encourages the patient to go to the limits of their ability. Designed in cooperation with therapists and aquatic professionals.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | | |
| <input type="checkbox"/> b. Other Salary and Benefits | | |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | Travel to network various organizations who serve people with disabilities, to raise funds and awareness, to attend meetings and conferences, and to generally coordinate the process. | 24,000 |
| <input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study | To contract for services in creating the appropriate organizational infrastructure, legal standing, and needed studies. | 76,000 |
| Operational Costs: | | |
| <input type="checkbox"/> e. Salaries and Benefits | | |
| <input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | | |

| | | |
|--|---|------------------|
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | To cover partial Phase 1 costs associated with landscape, aquatic and building design; surveying, civil aquatic engineering, infrastructure of roads, retaining walls, fences, water, sewer, storm water, and fire protection; and construction management. | 1,900,000 |
| TOTAL | | 2,000,000 |

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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 elected officials - Representatives Ben Albritton and Mike La Rosa, Mayor Eugene Fultz, and Heather Taylor, Ms

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 1 by the Health Science Department at Polk State College (2012). Study 2 by Webber International University MBA Department

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?

The purpose of the funds is to remove the barriers to great experiences for people with disabilities by blending therapy and recreation into "Adventure Therapy." Adventure Therapy will be in the forms of aquatic therapeutic experiences not currently available to many of those with more profound disabilities and the opportunity to participate in the experiences with their more able bodied family members. They will include swimming, rafting, team play, testing their limits, and receiving personal

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

We will provide individualized Adventure Therapy protocols in facilities that are the most disabilities appropriate in the world, Their participation will be scheduled so we can assure that their Adventure Therapy experience will be complete. They will have access to specialized educational opportunities in areas that are designed to improve their quality of life. We will use water in a variety of forms to stimulate their senses and encourage them to exercise their bodies, minds and spirits.

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): Injured Veterans and Families living with 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 an enjoyable experience to motivate a patient to exercise, stretch and build stamina in a safe setting. | Physical, Occupational, and Aquatic Therapists will operate programs and file reports. |
| <input checked="" type="checkbox"/> Improve mental health | Helping those who are typically left out of the mainstream of community activities to realize they have a place. It will build self esteem, self confidence, better social skills and a better outlook on life, thus likely prolonging life. | Programs will be run by mental health professionals and Certified Speech Therapists who will file reports. |
| <input checked="" type="checkbox"/> Enrich cultural experience | Art and music will be a part of the intentional design and program, particularly when it involves self expression. | Programs will be set up by professionals within each particular art field, activities will be monitored and records will be kept. |

| | | |
|---|--|---|
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | It will improve the quality of education for those who are in the field of mental and physical health by creating partnerships with teaching. | Courses will be offered by recognized colleges, universities, and mental and physical health provider training |
| <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 | Families with disabilities traveling into the area will need lodging, food, gas and other services. It may well become a center of aquatic therapy and a magnet for everything connected to that industry. | Participation/Attendance records will be kept. We will work with the local Chamber of Commerce and Economic Development Council to monitor the results. |
| <input checked="" type="checkbox"/> Increase tourism | We will have the potential to serve 1,000 families living with disabilities each week. If we hold those families one more day in Central Florida we will impact the hotel and restaurant business by over \$15 million annually. | We will track participant data with a registration process, with surveys and arrangements with hotels and restaurants. |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | It will create construction jobs in the construction phase. It will employ 25 or more part time lifeguards. It will provide jobs in the health care field for those providing therapeutic services. | Employment records will be kept. |

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | We anticipate auxiliary programs to develop which will provide employment for people with disabilities who have had their self worth increased by involvement with Stirring Waters. | These auxiliary programs will be self evident and maintain records that track the improvement in the lives of their participants. |
| <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: | 2,000,000 | 20.0% | 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: | 4,000,000 | 40.0% | No |
| 5. Other: | 4,000,000 | 40.0% | No |
| TOTAL | 10,000,000 | 100% | |

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

No