

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: MacTown-Mac Fit Wellness and Life Skills Center - Treasure Coast
2. Date of Submission: 11/16/2017
3. House Member Sponsor: Emily Slosberg
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:					338,800	338,800

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.
We would have to adhere to the contract providing by the agency or risk losing the funding

6. Requester:

- a. Name: Violet Gonzalez,
- b. Organization: MACtown,
- c. Email: violetg@mactown.org
- d. Phone #: (305)495-2696

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

- a. Name: Clinton Bower
- b. Organization: MACtown,
- c. Email: violetg@mactown.org
- d. Phone #: (305)733-4915

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: MACtown,INC- Mac Fit WEllness and Life Skills-Treasure Coast
- b. County (County where funds are to be expended): Indian River, Okeechobee, St. Lucie
- c. Service Area (Counties being served by the service(s) provided with funding): Indian River, Okeechobee, St. Lucie

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?

To provide the education, skills and tools for people with Autism/Intellectual and developmental disabilities that will equip them to live healthy, productive and more independent lives. We believe that all people, at all ages, and all levels of ability, have the potential to learn and grow. --- See Attachment

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 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	Certified Fitness Instructor \$45,000.00 Fitness Assistant \$13,135.000	58,135
<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	Building /Property -- Electrical, bathroom renovations, classrooms, gym flooring, paint and lease 12 mo/3000 --- 104,500.00; Fitness/Program Equipment/Supplies --- 117,065.00; Classroom	280,665

	Equipment/Furniture --- 40,000.00; Safety --- Fire/Security System Life Safety --- 6,000.00; Utilities, Alarm, Cable, Internet and Phone --- 13,100.00	
TOTAL		338,800

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:

Personal letter from Governor Scott, Highlighted in Keep Florida Working Budget Highlights

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?

Macfit wellness and life skills centers on the Treasure Coast

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

The MacFit Wellness and life skills center- Treasure Coast will include: Treasure Coast will include: Curriculum/classes will be tailored to meet the clients specific educational needs and goals. Classrooms will include an interactive white board (Promethean Board) Vocational/Supported employment skills and training. Community Integration, computer lab. The MAC Fit wellness and life skills center- treasure cost will offer a selction of specalized exercise equipment that will maximize results.

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	ConEnue providing wellness and fitness services for individuals with developmental disabiliEes. . The program will improve their overall health; reduce the incidence of secondary condiEons, which ofen necessitate medical intervenEon, addiEo nal medicaEons, and hospitalizaEon; and curtail condi	Data is collected on each parEecipant measuring weight, BMI, BP, etc. At the beginning of each session and monthly thereafter. These services will be provided to approximately 40 – 45 individuals with developmental and intellectual
<input checked="" type="checkbox"/> Improve mental health	Learning about other cultures will enrich the lives of the people we serve. They will be able to try new foods from other countries, learn different languages; they will discover new ways of dressing, singing and dancing while they are in the classroom and in the	A pre---test will be administered at the outset of the program to determine the level of basic knowledge about nutriEon facts, good eaEng habits and healthy food choices. Periodically simpl e tests will be given to measure the client's
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	An qualified teacher will educate the clients on health, wellness, nutriEon and good eaEng habits. Our goal is to promote healthy living through educaEon and hands on experience. MACtown wants to prepare its clients for success by offering	Data is collected on each parEecipant measuring weight, BMI, BP, etc. At the beginning of each session and monthly thereafter. Improvements in these staEsEcs should lead to improvements in the overall health

	comprehensive	and wellbeing of the clients
<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	People in the community will be hired for the positions needed in these educational and fitness programs that we will provide.	New hires are reported quarterly on our Form 941 with the state.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	For those people in the community that do not have employment or want to work in this field --- serving people with developmental disabilities, we will enhance their economic status and self sufficiency by hiring or offering them employment. Thus creating	File with state to show that we created new jobs
<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:	338,800	0.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	338,800,000	99.9%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	339,138,800	100%	

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

No