

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Arc Nature Coast Life Skills Center & Regional Hurricane Shelter
2. Date of Submission: 11/07/2017
3. House Member Sponsor: Blaise Ingoglia  
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? Yes
- 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:		425,000	425,000		1,750,000	1,750,000

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.  
Forfeiture of the funding allocation back to the State if promised work is not delivered.

6. Requester:

- a. Name: Mark Barry
- b. Organization: The Arc Nature Coast, Inc.
- c. Email: mbarry@tancinc.org
- d. Phone #: (352)650-1743

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

- a. Name: Mark Barry
- b. Organization: The Arc Nature Coast, Inc.
- c. Email: mbarry@tancinc.org
- d. Phone #: (352)650-1743

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: The Arc Nature Coast, Inc.
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide, Hernando

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?

Construction of a Life Skills Center to replace a 69-year-old wooden farmhouse, serving 100+ individuals daily with severe intellectual & developmental disabilities and aging challenges. Additionally, this center will be constructed to Florida Public Hurricane Shelter Design Criteria, also known as an Enhanced Hurricane Protection Area (EHPA), to shelter the target population locally, as well as statewide when determined by the Agency for Persons with Disabilities or Emergency Management.

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 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	Design, pre-development, site work and construction of a 6,500 sq. ft. Life Skills Center in accordance with the Florida Emergency Management (EHPA) criteria. Last year's appropriation for this project	1,750,000

	approved by the legislature, which was vetoed, included the Life Skills Center construction (phase 1), but did NOT include construction in accordance with the EHPA criteria. This application includes both.	
TOTAL		1,750,000

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:

Agency for Persons with Disabilities, Hernando County Emergency Management, Hernando County Health Department, Hernando County Planning Department, The Arc of Florida (all documentation pending). Last year's appropriation for this project approved by the Legislature, which was vetoed, included the Life Skills Center construction (phase 1), but did NOT include construction in accordance with the Florida Enhanced Hurricane Protection Area criteria. This application includes both.

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:

The 2016 Statewide Emergency Shelter Plan, published January 31, 2016, by the Florida Division of Emergency Management documents a total deficit of 2,142 shelter spaces for individuals in Hernando County in the case of a Hurricane, 4/5 Storm Category. This project has been approved in a local special exception permit for the 30-acre-site on Neff Lake Road in Brooksville, owned by The Arc Nature Coast.

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?

Construction of a 6,500+ sq. ft. Life Skills Center, built in accordance with the Florida Enhanced Hurricane Protection Area criteria. This center will be constructed on The Arc Nature Coast, 30-acre Neff Lake campus in the Brooksville/Hernando County. Brooksville, being distinguished as the exact geographical center of Florida is ideally located to serve as a statewide emergency management resource for the APD population.

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

This center will provide life skills services and supports daily to 100+ individuals with severe intellectual and developmental disabilities, as well as aging related challenges. Additionally, this center will serve as designated hurricane shelter, in coordination with Emergency Management and the Agency for Persons with Disabilities.

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	Improvement of health metrics	Individual health metric survey data
<input checked="" type="checkbox"/> Improve mental health	Improvement of crisis intervention	Client case records
<input checked="" type="checkbox"/> Enrich cultural experience	Increase in exposure to enrichment opportunities and activities	Client program records
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Achievement of program goals	Client program goals
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Provide shelter protection as determined by Emergency Mgmt. and/or APD	Shelter activation/evacuation event records

<input checked="" type="checkbox"/> Improve transportation conditions	Improved efficiency in client transportation	Transportation utilization records
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Increase in trade jobs during construction; increase in ongoing direct care staff after project completion	Construction contract; payroll records
<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	1,750,000	87.5%	N/A

Project Request:			
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:	250,000	12.5%	Yes
<b>TOTAL</b>	<b>2,000,000</b>	<b>100%</b>	

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

No