



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** City of Miami Beach Inclusionary Aides

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 11/13/2017

4. **Project/Program Description:**

Project Name: Inclusionary Aides. This project will provide staffing for moderate and severe special needs youth and children in the City's After School and Summer Camp programs

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Education

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
250,000		250,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	400,000	61.5%
Other	0	0.0%
TOTAL	400,000	61.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 650,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Funds will be used to hire inclusionary aides to provide one-on-one assistance to moderate and serve special needs children in after school and summer programs

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Increased achievement of Individualized education program (IEP) goals, enhanced skill acquisition, reduction in negative/harmful behaviors, increased social skills

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	One-on-one aides for special needs/youths with disabilities	250,000



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

d. What are the direct services to be provided to citizens by the appropriations project?

Funds will be used to hire inclusionary aides to provide one-on-one assistance to moderate and serve special needs children in after school and summer programs

e. Who is the target population served by this project? How many individuals are expected to be served?

Youth and children with special needs enrolled in the City's Summer Camp and After School Programs

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Increased achievement of Individualized education program (IEP) goals, enhanced skill acquisition, reduction in negative/harmful behaviors, increased social skills.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

None.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A- no fixed capital outlay funding is requested. Funds are requested for operating costs.

13. Requestor Contact Information:

- a. **Name:** Judy Hoanshelt
- b. **Organization:** Cit of Miami Beach
- c. **Email:** judyhoanshelt@miamibeachfl.gov
- d. **Phone Number:** (305)673-7510

14. Recipient Contact Information:

- a. **Organization:** Cit of Miami Beach
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)



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- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Judy Hoanshelt

e. E-mail Address: judyhoanshelt@miamibeachfl.gov

f. Phone Number: (305)673-7510

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Jerry McDaniel

b. Firm: Southern Strategy Group

c. Email: mcdaniel@sostrategy.com

d. Phone Number: (850)566-6068