



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** The Arc Nature Coast - Life Skills Center / Hurricane Shelter

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 12/12/2017

4. **Project/Program Description:**

Construction of a life skills education center and regional hurricane shelter serving individuals with intellectual & developmental disabilities.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Agency for Persons with Disabilities

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

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
	1,750,000	1,750,000

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	0	0.0%
Other	250,000	12.5%
TOTAL	250,000	12.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes

e. 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:		425,000	425,000

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?

Construction of a 6,500+ sq. ft. Life Skills Center, built in accordance with the Florida Enhanced Hurricane Protection Area (EHPA) criteria. This center will be constructed on The Arc Nature Coast, 30 acre Neff Lake campus in the Brooksville, Hernando County area. 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. Last year's appropriation for this project approved by the legislature, which was vetoed, included the Life Skills Center construction (phase 1) only, but did NOT include construction in accordance with the Florida Enhanced Hurricane Protection Area (EHPA) criteria. This application includes both.

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

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.

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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> 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, Enhanced Hurricane Protection Area (EHPA) criteria. 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 (EHPA) criteria. This application includes both.	1,750,000
TOTAL		1,750,000

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

Daily Life Skills instruction and supports, as well as emergency sheltering during evacuations.

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

Individuals with intellectual & developmental disabilities, and their families. 100+ served

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



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This project will serve 100+ individuals with intellectual and developmental disabilities in daily services and provide evacuation sheltering as needed to a comparable number. Outcomes are measured by attendance and program progress records.

- 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?**

The agency's standard contract penalties are sufficient.

- 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.**

The requester is both owner and operator, ARC Nature Coast inc.

- 13. Requestor Contact Information:**

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

- 14. Recipient Contact Information:**

- a. **Organization:** The Arc Nature Coast, Inc.
- b. **County:** Hernando
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Mark Barry
- e. **E-mail Address:** mbarry@tancinc.org
- f. **Phone Number:** (352)650-1743

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**