



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Village South Wellness Center

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/20/2018

4. **Project/Program Description:**

The Center will serve individuals with substance abuse disorders and veterans pre- and post-discharge from residential and/or OP treatment. Services include meditation therapy, wellness groups, Yoga, HIV/AIDS support groups, 12-step meetings, health & nutrition, peer social and recovery support, and computer & Internet services to help with vocational training and job searches.

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 Children and Families

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
211,324		211,324

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 211,324

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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

e. Complete the following Worksheet.

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?

Condition/process- specific measurement is to introduce and teach our patients to achieve better choices of health outcomes. We also report process measures to help us understand the methods of health care delivery and how these methods conform to current evidence.

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

YOGA, meditation, developing self-esteem, relaxation techniques, therapeutic stretching, team building, calisthenics workouts. Prevention and education of substance abuse, 12 step meetings and groups, drug testing, HIV testing, STD testing, exercises of mind and body.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	A full-time wellness coordinator to facilitate and schedule activities, groups, therapy and routines. A full-time recreation health technician to drive, monitor,	89,682



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

	<p>drug test and report. A part-time vocational counselor to train computer and typing skills for preparing job resumes and aid in job search.</p> <p>Fringe Benefits (health and dental insurance, 401K, unemployment tax and FICA) at 23%.</p>	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	<p>Office supplies for staff use.</p> <p>Gym equipment such as exercise bikes, treadmills, elliptical machines, leg press machine and dumb bell rack.</p> <p>Computers, workstations and chairs for client computer/vocation room.</p> <p>Phones and storage cabinets for staff use. Only requesting this funding for the first year.</p> <p>Plus 10% for indirect costs for use of admin staff such as IT, accounting, and evaluation.</p>	109,162
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	<p>Contract meditation therapist to properly train meditation techniques. Contract nutritionist to teach and promote healthy eating habits and foods.</p>	12,480
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 type="checkbox"/> Construction/Renovation/Land/Planning Engineering		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

TOTAL		211,324
-------	--	---------

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

Prevention and education of substance abuse, 12 step meetings and groups, drug testing, HIV testing, STD testing, exercises of mind and body.

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

Persons who are elderly; persons with poor mental health; Homeless persons; Persons with a drug addiction, Disabled persons, and others. This program will serve approximately 200 individuals.

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

Healthier living for substance abuse patients.

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?

Withhold a percent of payment until deliverables are met.

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

13. Requestor Contact Information:

- a. **Name:** Frank Rabbito
- b. **Organization:** The Village South, Inc.
- c. **Email:** Frank.rabbito@westcare.com
- d. **Phone Number:** (305)573-3784

14. Recipient Contact Information:

- a. **Organization:** The Village South, Inc.
- b. **County:** Miami-Dade
- 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:** Alex Martinez
- e. **E-mail Address:** Alex.martinez@westcare.com
- f. **Phone Number:** (305)573-3784



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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

a. Name: Jose Bermudez

b. Firm: Becker & Poliakoff

c. Email: jbermudez@bplegal.com

d. Phone Number: (305)262-4433