



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1258

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

ADE, Inc. DD Emergency Shelter/Training Center

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="900,000"/>
<b>Total State Funds Requested</b>	<b>900,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="900,000"/>	<input style="width: 80%;" type="text" value="47.0 %"/>
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Other	<input style="width: 80%;" type="text" value="1,000,000"/>	<input style="width: 80%;" type="text" value="53 %"/>
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,900,000</b>	<b>100 %</b>

8. **Has this project previously received state funding?**     Yes     No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?**     Yes     No
- If yes, indicate nonrecurring amount per year.



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**10. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Project Director=A licensed Construction Project Director will supervise the General Contractor in the quality of work as stipulated in the scope of services, will ensure time frame commitments are being followed, will monitor all inspection, will monitor and authorize change orders, will review and authorize payments to General Contractor, will maintain CEO informed of all the above.	60,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	SOFT COST: Architectural, Engineering, Impact fees, Building & Zoning Permits and licenses.	100,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	CONSTRUCTION COST: Developing a Warehouse area (approximately 8,000 sf) into Licensed Hurricane Shelter Space with Generators to accommodate the full space , the generator will also power our program's professional training kitchen, thus we will be able to provide food and shelter to a minimum of 100 guests. The space will be used year round as a Training Center, teaching Adults with Developmental, Intellectual, and Physical Disabilities Life Skills and Vocational/Employment Training.	740,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>900,000</b>



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#### 11. Program Performance

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

ADE, Inc. purchased new 20,000 sf facility of which approximately 8,000 sf have not yet been developed. The objective is to develop such space into a Sustainable Shelter for Natural Disasters. We have met with The Agency for Persons with Disabilities locally, as well as with hundreds of consumers with Dev. Disabilities and families that have voiced their support. ADE has contributed 3 million dollars toward the purchase of the property from its Building/Acquisition Fund. The lack of Shelter Space for our special population in Miami Dade County, was evident during our 2017 Irma, during Hurricane Michael in 2018, and the most recent scare with Dorian in 2019. We must be prepared to meet the needs of the vulnerable citizens we serve. The Miami Dade County Emergency Operation Center has determined a shortage of available shelter space in the County. Ours will be managed by a licensed facility specializing in special needs population.

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

The use of this space will be twofold: The construction scope of services call for a hurricane shelter resistant building, that will be used for that intent and purpose during natural disasters. However it will be utilized 240 days out of the year to provide Academic and Vocational Services to approximately 80 consumers with Autism and Developmental Disabilities. 1) Shelter, food, water, and direct care staff specializing in Developmentally Disabled population, before, during and after a natural disaster, will guide and assist our consumers and families to ensure their well being during the occurrence. 2) ADE, Inc. Management and Educational Team will provide 6 hours of daily training in Life Skills, Personal Supports, Vocational Skills Training, and Employment Services to Adults with Autism and Developmental Disabilities. Developing our special Consumers to a path of independence and competitive employment.

##### c. What direct services will be provided to citizens by the appropriation project?

Direct Services will created a positive change to persons with Autism and Developmental Disabilities and their families, by providing a protected environment in the event of a natural disaster or hurricane. (Shelter, food, water, and supervision by experienced staff in the field of disabilities. During the remaining portion of the year, this facility will provided special Life Skills Training, and Employment Training to the Autistic/Unique Abilities population, Monday through Friday, 8:30 am to 2:30 pm, for approximately 240 days per year.

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

Persons with Autism and/or Intellectual/Developmental Disabilities, Physical Disabilities, and Mental Health Challenges. We expect to serve approximately 80 consumers and employ approximately 10-12 persons experienced in the filed of developmental disabilities.

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

- 1) ) To provide Shelter, food, water, and direct care staff specializing in Developmentally Disabled population, before, during and after a natural disaster, will guide and assist our consumers and families to ensure their well being during the occurrence.
- 2) Persons with Autism and Developmental Disabilities will have a meaningful and stimulating day activity. The Educational Team will provide assessments, and determine the level of ability, and choices of each consumer, and an Individualized Program Plan will be developed and implemented. ADE Educational Staff will be monitoring the progress via assessment data taken 3 times a week, and a Monthly Summary, as well as developing the goals yearly in their Support Plan. ADE is monitored by The Agency for Persons with Disabilities, and received 99.1% compliance

##### f. 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?

A percentage of the total award should be penalized in the event the goals and or percentages committed to are not met.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Helena Del Monte

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.