



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2564

1. **Project Title** ARC of St. Johns Adult Day Training Center and Hurricane Special Needs Shelter

2. **Senate Sponsor** Travis Hutson

3. **Date of Request** 01/30/2020

4. **Project/Program Description**

Construction of adult day training center and hurricane special needs shelter.

5. **State Agency to receive requested funds** Agency for Persons with Disabilities

State Agency contacted? ☒ Yes ☐ No

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

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	250,000
<b>Total State Funds Requested</b>	250,000

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)	250000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	250,000	100 %

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		
2018-19		500,000	244A	No

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		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of adult day training center and hurricane special needs center	<div style="border: 1px solid black; padding: 2px; text-align: right;">250,000</div>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>



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#### 11. Program Performance

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

Protection of developmental and intellectual disabilities during emergency evacuations; also used as education facility for persons with developmental and intellectual disabilities.

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

Protection of developmental and intellectual disabilities during emergency evacuations; also used as education facility for persons with developmental and intellectual disabilities.

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

Protection of developmental and intellectual disabilities during emergency evacuations; also used as education facility for persons with developmental and intellectual disabilities.

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

Persons with intellectual and developmental disabilities. Between 108-150 developmental and intellectually disabled children.

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

Protection of developmental and intellectual disabilities during emergency events.

- 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?

Withhold funding.



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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.**

ARC of St Johns

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.