



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1854

1. **Title of Project:** A. D. Barnes Disability Services Project

2. **Senate Sponsor:** Jose Rodriguez

3. **Date of Submission:** 02/20/2019

4. **Project/Program Description:**

A.D. Barnes – Disability Services Project - REQUESTING FUNDING IN THE AMOUNT OF \$1,000,000 FOR DESIGN AND CONSTRUCTION OF A 3,000 SF PERMANENT BUILDING AND UPGRADES TO THE CABINS THAT COULD BE USED AS A TEMPORARY SPECIAL NEEDS SHELTER DURING NATURAL DISASTERS SUCH AS HURRICANES. This funding will help to ensure that in the event of a natural disaster, such as a hurricane, that the facility and existing amenities can be utilized, including a full kitchen and hall area, and 2 cabins.

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

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	29.4%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	2,400,000	70.6%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	3,400,000	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** No

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and		



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Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	These funds will be used for renovations and upgrades of the building to be able to house and provide programs for people with disabilities.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

11. Program Performance:

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

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

The Leisure Access Center offers adults (22+) with intellectual/developmental disabilities Life Skills Development Level 3 Adult Day Training (ADT) funded by the Medicaid Waiver Services. The ADT are training services intended to support the participation of recipients in valued routines of the community, including volunteering, job exploration, accessing community resources, and self-advocacy, in settings that are age and culturally appropriate. The ADT includes meaningful day activities and training in the activities of daily living, adaptive skills, social skills, and employment and these activities provide an appropriate level of variation and interest. The Leisure Access Center offers adults (22+) with intellectual/developmental disabilities Life Skills Development Level 3 Adult Day Training (ADT) funded by the Medicaid Waiver Services. The ADT are training services intended to support the participation of recipients in valued routines of the community, including volunteering

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

This funding will help to ensure that in the event of a natural disaster, such as a hurricane, that the facility and existing amenities, that includes a full kitchen and hall area, and 2 cabins, could be used as a temporary special needs shelter for individuals with disabilities and their families. The 2 cabins on site could also be used to temporarily house individuals with disabilities in the event that they are displaced from their homes due to a natural disaster.

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



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Individuals with disabilities including the elderly, persons with poor mental and physical health, and economically disadvantaged persons.

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

Improved physical health- Increase in physical goal attainment. Improved mental health- Health satisfaction survey Enrich Cultural experience- Attendance and improving goal attainment. Improved agricultural production/ promotion/ education- Client satisfaction survey. Improve quality of education- Improve goal attainment. Enhance/ preserve/improve environmental awareness of fish and wildlife quality- Survey related to environmental awareness. Protect the general public from harm (environmental, criminal, etc.) Improve facility condition monitored by facility utilization report.

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?

Reduced number of individuals served, unable to use facility as a special needs shelter during natural disasters such as a hurricane.

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.

Miami-Dade Parks, Recreation and Open Spaces Department.

13. Requestor Contact Information:

- a. **Name:** Maria Nardi
- b. **Organization:** Miami Dade County Parks Recreation and Open Spaces Dept
- c. **E-mail Address:** maria-nardi@miamidade.gov
- d. **Phone Number:** (305)755-7903

14. Recipient Contact Information:

- a. **Organization:** Miami Dade county parks, recreation and open spaces dept
- 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) GOVERNMENT
- d. **Contact Name:** Maria Nardi
- e. **E-mail Address:** maria.nardi@miamidade.gov
- f. **Phone Number:** (305)755-7903



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15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**

Please complete the questions below for Water Projects only

16. Have you applied for alternative state funding?

- Wastewater Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (Please describe)
- N/A

17. What is the population economic status?

- Financially Disadvantaged Community (ch. 62-552, F.A.C)
- Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- Rural Area of Economic Concern
- Rural Area of Opportunity (s. 288-0656, Florida Statutes)
- N/A

18. What is the status of construction? N/A

19. What percentage of construction has been completed? N/A

20. What is the estimated completion date of construction? N/A