



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Sunshine State SportsAbility

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 11/08/2017

4. **Project/Program Description:**

SportsAbility enhances the lives of people with disabilities by promoting active living and providing first-hand access to resources designed to encourage participation regardless of age or ability level. People learn about community resources and are able to try everything from sit water-skiing to rock wall climbing, martial arts and other physical activities. SportsAbility will provide awareness, education, motivation and supports people with disabilities, families, caregivers, support coordinators and cross-sector service providers on community involvement, consumer rights and person centered well being training.

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
247,500		247,500

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	45,000	14.5%
Other	18,000	5.8%
TOTAL	63,000	20.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 310,500

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?



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- 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		
	A	B	C
	(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?

Yes

- a. **If yes, indicate non-recurring amount per year.**

\$75,000 non-recurring annually

11. Program Performance:

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

GOAL: Help people of all abilities become healthier, happier and more productive - Families and Caregivers of People with Disabilities and their clients are in need of training on Disaster Preparedness. Offering an outreach and training program in conjunction with wellness and physical activities, will reach this vulnerable population; According to the Center for Disease Control, "Adults with disabilities are three times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities. Nearly half of all adults with disabilities get no aerobic physical activity, an important health behavior to help avoid these chronic disease". This program will address obesity and the related health concerns in the disability population; Embracing the benefits of employment helps people be more personally fulfilled, increases inclusion into society and contributes to our overall economy.

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

1. Physical Activity Experiences for People with Disabilities, Families and Friends - People with disabilities, families, caregivers and cross-sector service providers will learn together how they can participate in the many options available. Some of the activities are: golf, badminton, tennis, basketball, art, laser target shooting, fish casting, martial arts, therapeutic recreation activities, scuba, rock climbing and more. 2. Healthy Living Expos - Exhibitors will provide valuable information about programs, activities, facilities, products and services that are of value to people with abilities, their caregivers, families. 3. Health, Wellness and Well-Being Outreach: An integrated health and wellness awareness campaign on benefits of active leisure for people with disabilities will be delivered that includes a large-scale outreach effort.



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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		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Funding will be utilized to develop and implement the SportsAbility programs, manage volunteers, oversee financial operations, fund raise, secure and maintain community partners and activity providers	22,470
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Funds will be utilized for activity providers, equipment rental, office supplies, postage, printing, database management, facility rentals and insurance	225,030
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		247,500

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



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Awareness and Education: Participants will learn about active leisure and available resources geared toward persons with disabilities; Motivation: Persons with disabilities will participate in physical activities; Supports: Continue to pursue leisure and recreation activities beyond SportsAbility setting.

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

People with and without disabilities, families, caregivers, veterans, seniors, people of low income and minorities, Cross-Sector Providers; Professionals/Students of Recreation, Healthcare, Rehabilitation, Education and Social Work. Approximately 8,000 people will be served directly and thousands more indirectly.

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

1. Participants will learn about active leisure and available resources geared toward persons w/disabilities-at least 250 persons w/disabilities per program will learn how to participate in physical activity and learn about resources geared toward people w/disabilities-attendance records; list of leisure and recreational activities provided, including the different types of recreation assistive technology designed for persons with disabilities. 2. Participants will learn about active leisure and available resources geared toward persons w/disabilities-At least 50 people representing minority populations per program will learn how to participate in physical activity and learn about resources geared toward people w/disabilities. 3. Persons w/disabilities will participate in physical activities-At least 250 persons w/disabilities per program will participate in the various leisure and recreational activities facilitated by SportsAbility.

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 standard contractual penalties for noncompliance are adequate.

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.

This does not apply.

13. Requestor Contact Information:

- a. **Name:** Laurie LoRe-Gussak
- b. **Organization:** Florida Disabled Outdoors Association
- c. **Email:** info@fdoa.org
- d. **Phone Number:** (850)201-2944

14. Recipient Contact Information:

- a. **Organization:** Florida Disabled Outdoors Association
- b. **County:** Statewide
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity



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University or College

Other (Please specify)

d. Contact Name: Laurie LoRe-Gussak

e. E-mail Address: info@fdoa.org

f. Phone Number: (850)201-2944

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: