



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Removing the Barriers Initiative, Stirring Waters

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

Build a waterpark intentionally and fully inclusive of people with all disabilities.

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 Health

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
100,000	1,900,000	2,000,000

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	8,000,000	80.0%
TOTAL	8,000,000	80.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 10,000,000

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?

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

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

**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?**

1. To improve the quality of life for people with disabilities by providing a place where they can safely and appropriately experience an enjoyable aquatic experience that can include the whole family or friends. One that can be fully experienced even by a person who is quadriplegic. 2. To provide a unique form of physical and emotional therapy that encourages the patient to go to the limits of their ability. Designed in cooperation with therapists and aquatic professionals.

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

The funds will be used to cover some basic travel, generate awareness and cover some of the construction costs of StirringWaters.

**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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel to network various organizations who serve people with disabilities, to raise funds and awareness, to attend meetings and	24,000



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	conferences, and to generally coordinate the process.	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	To contract for services in creating the appropriate organizational infrastructure, legal standing, and needed studies.	76,000
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 checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	To cover partial Phase 1 costs associated with landscape, aquatic and building design; surveying, civil aquatic engineering, infrastructure of roads, retaining walls, fences, water, sewer, storm water, and fire protection; and construction management.	1,900,000
TOTAL		2,000,000

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

Improve physical and mental health by using an enjoyable experiences to motivate a patient to exercise, stretch and build stamina in a safe setting while also helping those who are typically left out of the mainstream of community activities realize they have a place. It will build self esteem, self confidence, better social skills and a better outlook on life, thus likely prolonging life. We anticipate auxiliary programs to develop which will provide employment for people with disabilities who have had their self worth increased through involvement with Stirring Waters.

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

We expect to serve the elderly, persons with poor mental or physical health, economically disadvantaged persons, at risk individuals, developmentally disabled, physically disabled, grade school and high school



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students, college and university students and injured Veterans. We will be able to serve over 1,000 guests per day, over 300,000 annually.

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

Physical, occupational and aquatic therapy will take place in an "adventure therapy" environment making therapy fun. Programs will be run by mental health professionals and various therapists, all maintaining appropriate records and files. Courses will be offered by recognized colleges and universities providing medical training in a one of a kind aquatic therapy waterpark. Tourism will increase as families living with disabilities are able to enjoy a completely inclusive experience as a family or unit. An experience where their family needs are met 100%, as identified through family focus groups help throughout the country.

**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?**

Non payment of funds if deliverables are not 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.**

Removing the Barriers is developing the StirringWaters program in conjunction with Lake Aurora Christian Camp.

**13. Requestor Contact Information:**

- a. **Name:** Bill Redmon
- b. **Organization:** Removing the Barriers Initiative
- c. **Email:** bill@removingthebarriers.com
- d. **Phone Number:** (863)632-1924

**14. Recipient Contact Information:**

- a. **Organization:** Removing the Barriers Initiative
- b. **County:** Polk
- 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:** Bill Redmon
- e. **E-mail Address:** bill@removingthebarriers.com
- f. **Phone Number:** (863)632-1924

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

- a. **Name:** None



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**b. Firm:** None

**c. Email:**

**d. Phone Number:**