



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Palm Beach Habilitation Center Cultural Arts Building

2. **Senate Sponsor:** Bobby Powell

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

4. **Project/Program Description:**

Participation and involvement with the arts has been shown to increase personal self-confidence, creativity, socialization, and to encourage exploration of new areas of interest. Palm Beach Habilitation Center's Personal Arts and Creative Expression (PACE) Program strives to integrate art into all activities by providing meaningful activities for individuals with disabilities who are interested in exploring and developing expressive skills through the arts. The program addresses the interpersonal skills of participants and develops their ability to interact in an appropriate manner at home and in the community. The planned 10,000 square foot building will enable the PACE program to expand its offerings and serve additional participants. It will be designed for accessibility and will incorporate features that encourage and enable autonomy in choosing activities and obtaining materials. The Cultural Arts Building will also serve as an emergency shelter for participants of the center.

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?

Agency for Persons with Disabilities

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 |
|---------------------------------|---|---------------------------------------|
| | 1,500,000 | 1,500,000 |

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 | 500,000 | 25.0% |
| TOTAL | 500,000 | 25.0 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,000,000



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9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

| FY: | Input Prior FY Appropriation for this project for FY 2017-18 | | |
|--------------------|--|------------------------------------|---|
| | (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?

No

11. Program Performance:

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

Training opportunities for Individuals with Developmental Disabilities. Availability of the building to be considered as an Emergency Shelter for program participants in the event of a hurricane or other natural disaster.

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

Training in the performing arts including theater and dance, visual arts including painting and photography, and verbal art including communication skills. If the building is opened as a shelter, agency staff will provide support and supervision of program participants in the event of a hurricane or other natural disaster.

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 | | |



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| | | |
|---|---|-----------|
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| 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 | Site Plan, Engineering, Construction Cost of building | 2,000,000 |
| TOTAL | | 2,000,000 |

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

Training of individuals with developmental disabilities in the arts and communication skills. Emergency shelter and supervision when a decision is made to open the building to program participants in the event of a hurricane or other natural disaster.

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

Individuals with Developmental Disabilities (Intellectual Disabilities, Autism, Down Syndrome, Spina Bifida, Cerebral Palsy, and Prader-Willi Syndrome), Mental Health, and Physical Limitations

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

Participation in training opportunities to utilize art and creative ways to express thoughts, needs, and ideas. Supports and supervision in the event of a natural disaster which will eliminate the need for them to go to a special needs shelter which is not equipped for the unique needs of program participants.

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?

Cost are only for preparation of the land and construction costs. Funds will reimburse construction and planning costs paid by the Palm Beach Habilitation Center.

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.

Palm Beach Habilitation Center, Inc. is the non-profit organization requesting funding.

13. Requestor Contact Information:

a. Name: David Lin



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- b. **Organization:** CEO: Palm Beach Habilitation Center, Inc.
- c. **Email:** dlin@pbhab.com
- d. **Phone Number:** (561)965-8500

14. Recipient Contact Information:

- a. **Organization:** CEO: Palm Beach Habilitation Center, Inc.
- b. **County:** Palm Beach
- 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:** David Lin
- e. **E-mail Address:** dlin@pbhab.com
- f. **Phone Number:** (561)965-8500

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**