



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Loveland Community Impact Program

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 11/21/2017

4. **Project/Program Description:**

Development of an adult day training program in the North Port area to serve between 30 and 40 new individuals, the primary purpose is to serve individuals in the community that they live in and to increase community awareness and inclusion.

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
837,500		837,500

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 837,500

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?

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

e. Complete the following Worksheet.



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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?

Yes

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

Yes 687,500

11. Program Performance:

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

To provide an opportunity to individuals with I/DD to become values and productive members of their community, through education and volunteer programs (ADT), employment training in culinary skills (Hearty Kitchen Academy), and taking part in recreational activities independently in their community.

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

There will be a variety of educational opportunities; volunteer opportunities and activities that will help enrich the lives of these individuals. They will take part in a life skills class to learn skills such as math, writing, reading or typing and skills such as social etiquette and safety. Individuals will use these skills while they are in the community volunteering and participating in Life Skills activities.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	30% of CEO	45,000
<input checked="" type="checkbox"/> Other Salary and Benefits	COO 30%, HR Director 30%, CFO 30%, QM staff 40%, Marketing 30%	127,500



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Startup for Office/Program equipment for ADT program	20,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Program staff	400,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	vehicle expenses, 15 passenger vehicle, 3 standard mini vans, consumable supplies, printing, marketing	184,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	auditing and therapy services, leasing a 3000 sq ft facility	61,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		837,500

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

Adult day training, employment training and recreational outlet.

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

Individuals with intellectual and developmental disabilities who reside in Sarasota and Charlotte Counties. There will be more than 90 people who will be served from these programs (30-40 new individuals ADT, 25 Hearty Kitchen, 35 Recreation Program or more)

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

At least 6 community educational opportunities will be completed through out the 2018-19 year. Community partnerships will be built with the intent of the individuals that we serve becoming a helpful part of a neighborhood or community. Affiliations with local food banks, town offices, public schools as well as local community events will be endeavored. At least 20 new community affiliations and partnerships will be developed in the North Port/Port Charlotte/Englewood areas.

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?

Repayment of Funds



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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.

None

13. Requestor Contact Information:

- a. **Name:** Patrick Guerin
- b. **Organization:** Loveland Centers
- c. **Email:** pguerin@lovelandcenter.org
- d. **Phone Number:** (941)493-0016 Ext. 302

14. Recipient Contact Information:

- a. **Organization:** Loveland Centers
- b. **County:** Sarasota
- 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:** Patrick Guerin
- e. **E-mail Address:** pguerin@lovelandcenter.org
- f. **Phone Number:** (941)493-0016 Ext. 302

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

- a. **Name:** Carole Greene
- b. **Firm:** Capitol Strategies Consulting
- c. **Email:** carole@capitolstrategiesinc.com
- d. **Phone Number:** (850)590-2206