



# The Florida Senate

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

1. **Title of Project:** MACtown’s Generator and Shelter In-Place Project

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

Purchase and installation of independently housed generator system providing power to our three story residential housing facility (IFC) and adjacent ADT- Life Skills Center, as well as our fully equipped dining room and kitchen- for the 56 residents that live in our ICF campus, but also for individuals with Autism/Intellectual and Developmental Disabilities living in our community group homes and the community at large.

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
	404,200	404,200

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):** 404,200

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:	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>		
	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?**

No

**11. Program Performance:**

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

It would allow more individuals with Autism/Intellectual and Developmental Disabilities to shelter in place. The generator we currently have is 45 years old and we are thankful that with the assistance of our dedicated maintenance staff it made it through the storm. However, we were limited by the fact that it could only provide enough power on the first floor which includes the A/C, the kitchen, the elevator and the essential emergency lighting in the ICF Building (only on the first floor). The emergency rules states that the facility must remain comfortable, ambient temperature of 80 degrees or less for a period of 96 hours or more in the event of the loss of electrical power.

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

As stated before, being able to upgrade our generator, will allow us to provide continuous services for a greater amount our special population during times of emergencies,

**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		



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<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	This requested amount is to purchase and install a state of the art, independently housed generator system that would be installed at MACtown's Main Campus. This generator will provide power to our 3 story residential housing facility (ICF) and adjacent ADT – Life Skills Center, as well as our fully equipped Dining Room and Kitchen.	404,200
TOTAL		404,200

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

Ensuring that there is a safe, comfortable, and secure location for members of the local community and our clients with Autism/Intellectual and Developmental Disabilities to be housed during emergency events such as hurricanes or other catastrophic events.

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

Individuals with Autism/Intellectual and Developmentally Disabled. Over 100 clients served.

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

Shelter In-Place during emergencies like hurricanes and other severe storm systems for the safety and well-being for individuals with Autism/Intellectual and Developmental Disabilities.

**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?**

Withhold payment until the deliverables are met.



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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:** Violet Gonzalez
- b. **Organization:** MACTown
- c. **Email:** violetg@mactown.org
- d. **Phone Number:** (305)495-2686 Ext. 2241

**14. Recipient Contact Information:**

- a. **Organization:** MACTown
- 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)
- d. **Contact Name:** Violet Gonzalez
- e. **E-mail Address:** violetg@mactown.org
- f. **Phone Number:** (305)495-2686 Ext. 2241

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

- a. **Name:** Violet Gonzalez
- b. **Firm:** MACTown
- c. **Email:** violetg@mactown.org
- d. **Phone Number:** (305)495-2686