



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** MACFit Wellness and Life Skills Center – Treasure Coast

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 12/01/2017

4. **Project/Program Description:**

MACtown has been asked to assume the operations of 5 existing group homes – formally The Tate Center. MACtown will retain both the clients and staff in order to preserve continuity of care. This center will provide a personalized, safe and closely monitored environment where people with Autism/Intellectual Disabilities can pursue their fitness goals. We plan to offer the best equipment and training programs geared to individuals with disabilities. MACtown wants to prepare its clients for success offering comprehensive programs that include: Daily Living Skills, Physical Fitness, Educational classes: Nutrition, Healthy Food Choices, Computer/Interactive Technology, Vocational and Integration. Will serve St. Lucie, Indian River, Martin and Okeechobee Counties.

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
338,800		338,800

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):** 338,800

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)



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- 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.

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?

No

11. Program Performance:

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

MACtown wants to prepare its Clients for success by offering comprehensive programs that include: Nutrition, Healthy Food Choices, Computer/Interactive Technology, Vocational and Community Integration.

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

Curriculum and classes will be tailored to meet the clients specific educational needs and goals. Classes will include Interactive White Board (Promethean Board). Vocational/Supported Employment Skills and Training. Community Integration and Computer Lab. We will offer a selection of specialized exercise equipment that will maximize results and to beneficial to the people we serve. Specialized flooring for aerobic, step, dance, muscle conditioning, and yoga classes. Making Healthy Choices Class- good eating habits, shopping and preparation of meals.

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 checked="" type="checkbox"/> Salary and Benefits	Cert Fitness Instructor \$45,000. Fitness Assistant (PT) \$13,135	58,135
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Rent, Gym Flooring, Exercise Equipment, IT Equipment, Classroom, Program Supplies, White Board, Safety and Utilities	280,665
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		338,800

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

Life Skills Center: Comprehensive programs: Daily Life Skills, Physical Fitness, specialized educational classes: Nutrition, Healthy Food Choices, Computer/Interactive Technology, Vocational/Supported Employment and Community Integration. Wellness Center: Fitness Classes, dance, Aerobics, Yoga, etc. Professional Equipment Tailored to individual with disabilities –calisthenics, endurance, strength, flexibility, Certified Fitness Trainers and Nutritional Expertise.

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

Individuals with Autism/Intellectual and Developmental Disabilities. Over 50 + Individuals will be served in the Treasure Coast Area.

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

MACFit Wellness and Life Skills Center – Treasure Coast will establish individual goals for each client and will continue to keep meticulous records to measure the outcomes by comparing the clients monthly progress against their initial baseline.

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 invoices



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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.

MACTown will be the receiver. The fitness center will be either in north St. Lucie County or South Indian River Counties.

13. Requestor Contact Information:

- a. **Name:** Violet Gonzalez
- b. **Organization:** MACtown, Inc
- c. **Email:** violetg@mactown.org
- d. **Phone Number:** (305)495-2686

14. Recipient Contact Information:

- a. **Organization:** MACtown, Inc
- b. **County:** Saint Lucie
- 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

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

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