



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Arc of St Johns Hurricane Shelter and Adult Day Training Center

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 01/02/2018

4. **Project/Program Description:**

Construction of a Adult Day Training Center and area hurricane shelter serving individuals with intellectual and developmental 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?
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
	3,200,000	3,200,000

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	800,000	20.0%
TOTAL	800,000	20.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,000,000

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.



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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?

No

11. Program Performance:

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

Construction of a 16,000 square foot facility , built in accordance with the Florida Enhanced Hurricane Protection Area criteria. This center will be constructed on 6 acres of conservation land which butts up to the 2101 Arc Drive property upon approval of St. Johns Water Management District. Currently St. Johns County has a deficit of 15 shelters so this project would help the county with the deficit

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

Improved facilities for adults with intellectual and developmental disabilities and an improved hurricane shelter in St. Johns County.

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		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<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	Design, pre-development, site work and construction of a 16,000 sq ft center in accordance with Emergency Management EHPA	3,200,000
TOTAL		3,200,000

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

Daily Life Skills training and medically necessary supports, as well as emergency sheltering during mandatory evacuations.

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

Individuals with Intellectual and Developmental Disabilities. 100+ to be served in St. Johns and Flagler County.

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

To meet the counties need for hurricane shelters and to allow The Arc of the St. Johns to meet the growing demand for services for Adult Day Training.

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?

Withheld state funding.

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.

The requester is both owner and operator

13. Requestor Contact Information:

- a. **Name:** Kathy P. Jackson
- b. **Organization:** The Arc of St. Johns
- c. **Email:** kathy@arcsj.org
- d. **Phone Number:** (904)824-7249 Ext. 115

14. Recipient Contact Information:

- a. **Organization:** The Arc of St. Johns
- b. **County:** Saint Johns



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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: Kathy P. Jackson

e. E-mail Address: kathy@arcsj.org

f. Phone Number: (904)824-7249 Ext. 115

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: