



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Arc Broward DD Hurricane Safety & Security Project

2. **Senate Sponsor:** Gary Farmer

3. **Date of Submission:** 12/08/2017

4. **Project/Program Description:**

To equip Arc Broward's 8.5 acre campus with commercial generators powered by the City's reliable natural gas utility to provide a safe, secure, air conditioned place for individuals with developmental disabilities and trained staff to go during/after hurricane emergencies. These facilities are otherwise already hurricane hardened and have needed bathrooms, showers, changing rooms, commercial kitchens, parking and classrooms that can be used to accommodate the unique challenges of this population. This model can be replicated.

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
950,000		950,000

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 950,000

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:	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?

Equip the existing (8.5 acre/88,000 square foot under air) Arc Broward campus with commercial capacity generators /powered by the reliable supply of natural gas provided through the City's natural gas utility to provide a safe and secure, air conditioned place for vulnerable individuals with developmental disabilities and trained staff to go during and after hurricane related emergencies. These facilities are otherwise already hurricane hardened and have the other necessary infrastructure needed such as bathrooms, showers, changing rooms, commercial kitchen facilities (powered by the City's natural gas utility), abundant parking, classrooms that can be used to accommodate the unique challenges of individuals with developmental disabilities who often adversely react to the stimulus of crowded/loud environments, among others. This approach can be replicated and is well suited to meet the unique needs of this population and gaps in available options for them.

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

Commercial capacity natural gas powered generators to provide a safe and secure, air conditioned place for vulnerable individuals with developmental disabilities and trained staff to go during and after hurricane related emergencies.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and		



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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		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Acquisition of up to three commercial generators and associated engineering, electrical work, plan development, permits, enclosures, and other costs related to being shelter ready.	950,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		950,000

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

Safe and secure, air conditioned place for vulnerable individuals with developmental disabilities and trained staff to go during and after hurricane related emergencies.

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

Individuals with Developmental Disabilities.

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

Improved hurricane related safety and security; more individuals with developmental disabilities will have a safe and secure shelter option to meet their unique needs; measured by comparing to circumstances existing during and after Hurricane Irma.

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?



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Withhold future funds;recoup proportionate amount as applicable.

- 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.**

N/A

- 13. Requestor Contact Information:**

- a. **Name:** Dennis Haas
- b. **Organization:** Arc Broward
- c. **Email:** dhaas@arcbroward.com
- d. **Phone Number:** (954)746-9400

- 14. Recipient Contact Information:**

- a. **Organization:** Arc Broward
- b. **County:** Broward
- 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:** Dennis Haas
- e. **E-mail Address:** dhaas@arcbroward.com
- f. **Phone Number:** (954)746-9400

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

- a. **Name:** Susan Goldstein
- b. **Firm:** Susan Goldstein Consulting
- c. **Email:** skgoldstein@hotmail.com
- d. **Phone Number:** (954)830-6300