



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Life Town Tallahassee

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/13/2017

4. **Project/Program Description:**

Life Town will be a campus comprised of retail business operators (Community Partners as designated micro-businesses), local municipalities (library branch, modeled Police/Fire Station, etc.) and educational opportunities for children and adults to learn life and job skills with a focus on supporting and educating people with disabilities or neuro-typically developing children. The purpose of Life Town is to prepare, educate and train all individuals so they may become as independent as possible.

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
640,000	9,550,000	10,190,000

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	250,000	2.4%
Other	0	0.0%
TOTAL	250,000	2.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 10,440,000

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?

The 2018 funds would be used for land acquisition, general site condition preparation, construction costs, soft costs (Architect, Engineers), travel, marketing materials, Needs Assessment Survey, Playground Equipment.

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

To provide educational opportunities for children and adults to learn life and job skills with a focus on supporting and educating people with disabilities or neuro-typically developing children.

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel/Marketing/Supplies/Aw areness Meetings	60,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Needs Assessment Survey	10,000
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Adaptable Playground Equipment	100,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Architects/Engineering	470,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction/Land acquisition	9,550,000
TOTAL		10,190,000

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

Classroom education, life skills training, job skills training

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

Those with developmental disabilities as well as neuro-typically children. The entire campus will be able to serve 800 different individuals on a weekly basis.

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

Assisting special needs children to mature into adulthood with the life and job skills needed to be successful at home, work or in personal relationships. The project will prepare, educate and train all individuals so they may become as independent as possible. Each program service has performance evaluation criteria to track improvement and provide additional assistance/training as developmentally appropriate for each child.

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?

The agency's standard contract penalties are sufficient.

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 Board of Progressive Pediatric Foundation, Inc. will receive/utilize the funding.

13. Requestor Contact Information:

- a. Name: Kevin Kolka
- b. Organization: Progressive Pediatric Foundation ,Inc.
- c. Email: kevin.kolka@progressivepediatric.org
- d. Phone Number: (850)325-6301

14. Recipient Contact Information:



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- a. Organization:** Progressive Pediatric Foundation ,Inc.
- b. County:** Leon
- 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:** Kevin Kolka
- e. E-mail Address:** kevin.kolka@progressivepediatric.org
- f. Phone Number:** (850)325-6301

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

- a. Name:** Bryan Cherry
- b. Firm:** PinPoint Results
- c. Email:** bryan@pinpointresults.com
- d. Phone Number:** (840)544-5673