



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Vincent Academy of Adventure Coast (revert and re-appropriate)

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 01/16/2018

4. **Project/Program Description:**

Funds a work center for the mentally ill. Seeking reversion and re-appropriation of funds originally appropriated for Fiscal Year 2017-18. The 2017 Legislature appropriated \$1 million for Phase I of the construction of a life skills center in Hernando County for Vincent Academy of the Adventure Coast (HB 4083). Due to delays, Vincent Academy of the Adventure Coast has been unable to expend these funds. This request seeks to have these funds reverted and re-appropriated in Section 8 (back of the bill) of the General Appropriations Act. There is a separate request for Phase II of the construction (Senate Form 1897).

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Justice Administration

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
	1,000,000	1,000,000

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	500,000	33.3%
Other	0	0.0%
TOTAL	500,000	33.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18



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d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

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:		1,000,000	1,000,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

1,000,000 for FY 2018-19 (Senate Form 1897)

11. Program Performance:

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

Building a permanent facility.

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

Recovery through work services.

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		



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<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	Permanent building	1,000,000
TOTAL		1,000,000

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

Recovery through work services.

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

Serious and persistent mentally ill - over 300 individuals are expected to be served.

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

Most will become employed in the community.

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?

Standard construction penalties for delay.

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.

Vincent Academy Adventure Coast will own the facility.

13. Requestor Contact Information:

- a. Name: Bob Dillinger
- b. Organization: 6th Circuit Public Defender
- c. Email: pd6@wearethehope-org
- d. Phone Number: (727)464-6866

14. Recipient Contact Information:

- a. Organization: Vencent Academy of Adventure Coast
- b. County: Hernando
- c. Organization Type:
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)



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☐ Non Profit 501(c) (4)

☐ Local Entity

☐ University or College

☐ Other (Please specify)

d. Contact Name: Raine Johns

e. E-mail Address: raine@vincenthouse.org

f. Phone Number: (727)417-6279

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: