1. **Title of Project:** Villa Lyan Special Needs School Transportation Van

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 02/11/2019

4. **Project/Program Description:**
   The request for the funds is to be able to buy a transportation van for the special needs school, so they can take their students around. Specifically, every day, the van picks the special needs children up from their homes and takes them to school and bring them back home after school. The van also takes them to their community outings, which consists of events such as the library, zoo, and museums to teach them how to socialize. The van also takes them to their therapeutic horse back riding.

5. **State Agency to receive requested funds:** Agency for Persons with Disabilities
   State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>100,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>100,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>100,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>100,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

    | Spending Category          | Description | Amount |
    |-----------------------------|-------------|--------|
    | **Administrative Costs:**   |             |        |
    | Executive Director/Project Head Salary and | | |
11. Program Performance:

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

The request for the funds is to be able to buy a transportation van for the special needs school, so they can take their students around. Specifically, every day, the van picks the special needs children up from their homes and takes them to school and bring them back home after school. The van also takes them to their community outings, which consists of events such as the library, zoo, and museums to teach them how to socialize. The van also takes them to their therapeutic horse back riding.

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

Specifically, every day, the van picks the special needs children up from their homes and takes them to school and bring them back home after school. The van also takes them to their community outings, which consists of events such as the library, zoo, and museums to teach them how to socialize. The van also takes them to their therapeutic horse back riding.

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

Assistance to special needs.

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

Elderly persons, persons with poor mental and physical health, jobless, economically disadvantaged people. 51-100 people.

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

Improved physical and mental health, cultural enrichment.

f. 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?

Will refund appropriation per agency contract.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

relationship between the owner(s) of the facility and the entity.
N/A

13. Requestor Contact Information:
   a. Name: Maria Orfila
   b. Organization: Villa Lyan
   c. E-mail Address: rvorfila@aol.com
   d. Phone Number: (786)486-7691

14. Recipient Contact Information:
   a. Organization: Villa Lyan
   b. County: Miami-Dade
   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: Maria Orfila
   e. E-mail Address: rvorfila@aol.com
   f. Phone Number: (786)486-7691

15. Lobbyist Contact Information
   a. Name: None
   b. Firm Name: None
   c. E-mail Address:
   d. Phone Number: