

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: The Arc Nature Coast - Services for Critical Needs and Aging
2. Date of Submission: 11/15/2021
3. House Member Sponsor: Blaise Ingoglia

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2021-22 <i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2022-23 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:					220,000	220,000

- e. Provide the total cost of the project for FY 2022-23 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request	220,000	100.0%	N/A
2. Federal	0	0.0%	No
3. State (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local	0	0.0%	No

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5. Other	0	0.0%	No
TOTAL	220,000	100%	

5. Is this a multi-year project requiring funding from the state for more than one year?

Yes

a. How much state funding would be requested after 2022-23 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- Ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Agency for Persons with Disabilities

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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In the case of unmet deliverables or costs that are below what is budgeted, unused appropriated state funding will revert back to the state or be deferred to future contract periods if appropriate.

We estimate that these services could be self-sustaining after three (3) years of support.

7. Requester:

- a. Name: Mark Barry
- b. Organization: The Arc Nature Coast, Inc.
- c. Email: mbarry@tancinc.org
- d. Phone #: (352)650-1743

8. Contact for questions about specific technical or financial details about the project.

- a. Name: Mark Barry
- b. Organization: The Arc Nature Coast, Inc.
- c. Email: mbarry@tancinc.org
- d. Phone #: (352)650-1743

9. Registered lobbyist working to secure funding for this project.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

10. Organization or Name of entity receiving funds:

- a. Name: The Arc Nature Coast, Inc.
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Pasco, Sumter

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

The funding requested will provide us with seed funds to add nursing and behavioral positions to our employee roster. These supports will provide medical, nutritional, and behavioral support to both customers and staff specifically designed to address the long term comprehensive needs of individuals with severe intellectual and developmental disabilities and those experiencing aging related challenges.

13. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Amount Requested (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Nurse, RN - \$75,000 base salary \$20,000 benefits	95,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Staff Training - \$15,000 Travel - \$10,000 Equipment - \$15,000 Supplies - \$10,000	50,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Behavioral Therapist - Contract fees \$75,000	75,000
Fixed Capital Construction/Major Renovation:		

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<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		220,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?
- For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Government (e.g., police, fire or local government buildings, local roads, etc.)
 - State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
 - Other (Please describe)
15. Is the project request an information technology project?
No
16. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?
No
17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?
Yes
- a. Please Describe:
An objective baseline of medical and behavioral incidents is kept and available from the Agency for Persons with Disabilities (APD). This information will form the basis for some of our measures of effectiveness.
18. Will the requested funds be used directly for services to citizens?
Yes
- a. What are the activities and services that will be provided to meet the purpose of the funds?
Activities and services provided include but are not limited to; staff training in medical care and support, staff training for behavioral strategies and interventions to increase the safety and well-being of customers in their care, health & nutritional supports and training for both staff and customers, and immediate medical care and oversight for our customers.

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b. Describe the direct services to be provided to the citizens by the funding requested.

Across the 5 Life Skills Campuses and 9 Group Homes we operate in three Counties, serving approximately 300 individuals, our staff will be better trained and supported in behavioral, nutritional and health skills. All clients will benefit from the service of a Nurse on staff and a contracted Behavioral Therapist. We anticipate a significant decrease in medical and behavioral emergencies annually.

c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups"). Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200

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- 201-400
- 401-800
- >800

19. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
<input checked="" type="checkbox"/> Improve physical health	1. Measure: Reduced incidents of medical crisis 2. Measure: Increased staff capacity in responding to medical concerns.	1. Method: Decreased number of incident reports, hospitalizations, Emergency Room visits 2. Method: Increased number of staff development hours in health and nutrition as evidenced by personnel training records.
<input checked="" type="checkbox"/> Improve mental health	1. Measure: Reduced incidents of behavioral crisis. 2. Measure: Increased staff capacity in responding to behavioral crisis.	1. Method: Decreased number of incident reports, Baker Acts. 2. Method: Increased number of staff development hours in the area of behavioral knowledge, strategies, and interventions as evidenced by personnel training records.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		

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<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		