

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Adults with Disabilities
2. Date of Submission: 01/15/2016
3. House Member Sponsor(s): Jeanette Nunez

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	750,000	0	750,000	750,000	9,993,484	0	9,993,484

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Suzanne Sewell
- b. Organization: Florida Association of Rehabilitation Facilities
- c. Email: ssewell@floridaarf.org
- d. Phone #: (850)942-3500

6. Organization or Name of Entity Receiving Funds:

- a. Name: ITEM in Broward Co.
- b. County (County where funds are to be expended) Statewide
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Adults with Disabilities Talking Points: Until July 1, 2015, the Adults with Disabilities Funding (AWD) program provided post-secondary education and employment related services to individuals with disabilities who could not receive needed employment services and supports through other funding streams. AWD services included a variety of employment related skills including: Interviewing, resume writing, appropriate behaviors at the workplace, and many other employment related skills such as social and living skills to improve client participation in the community.

The AWD program was disability neutral and annually served about 12,000 individuals who needed supports that were not available through other revenue streams.

? Programs that were funded in Fiscal Year 2014-2015 are eligible for funding if the program made satisfactory progress and the application reflects effective use of resources as defined by the Department of Education.

? The Department would have the authority to redistribute any funds due to unsatisfactory progress, ineffective use of resources, or discontinued programs.

? Each program would have to submit an annual accountability report by September 1, 2016 to the Governor, the President of the Senate, the Speaker of the House Representatives, and the State Board of Education.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

Yes