

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: MAC FIT WELLNESS CENTER PALM BEACH COUNTY

2. Date of Submission: 01/15/2016

3. House Member Sponsor(s): Daphne Campbell

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- 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:					0	175,000	175,000

- 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: VIOLET GONZALEZ
- b. Organization: MACTOWN, INC.
- c. Email: violetg@mactown.org
- d. Phone #: (305)495-2686

6. Organization or Name of Entity Receiving Funds:

- a. Name: MACtown, Inc. - MACFIT Wellness Center Palm Beach County
- b. County (County where funds are to be expended) Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding) Palm Beach

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.)

MACtown, Inc. is a 501 (c) 3 nonprofit that was established in the State of Florida in 1962. The mission of MACtown, Inc. is "Furthering the Independence of People with Intellectual and Developmental Disabilities".

MACtown would like to create a small but professional fitness gym/wellness center in Palm Beach County. The proposed center will serve 75 individuals with Intellectual and Developmental Disabilities. We plan to renovate a commercially leased building to create the MAC Fit Wellness Center - Palm Beach County. The facility will be utilized by our residential (group home clients) and other local community-based clients who are Intellectually and Developmentally Disabled. There are other Health and fitness centers in the area, but none that are equipped or staffed to handle the special needs and behaviors of individuals with Intellectual and Developmental Disabilities.

The start up expenses for the MAC Fit Wellness Center - Palm Beach County is focused primarily on the renovation of the proposed building, the fitness equipment and flooring, the office, storage and sanitation supplies, hiring of a certified physical trainer/director and part-time recreational/activity staff member. These are all essential elements in creating a safe, efficient and effective environment where our clients will be encouraged and motivated to maximize their health by adopting a consistent schedule for exercising.

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?

No