

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: Vehicle Replacement for Ark of Nassau Special Needs Transportation
2. Date of Submission: 01/26/2016
3. House Member Sponsor(s): Janet Adkins

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? Yes
- 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	92,200	92,200		0	92,200	92,200

- 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: Candace Holloway
- b. Organization: Ark of Nassau, Inc
- c. Email: cholloway@arkofnassau.org
- d. Phone #: (904)225-9355

6. Organization or Name of Entity Receiving Funds:

- a. Name: Ark of Nassau, INC
- b. County (County where funds are to be expended) Nassau
- c. Service Area (Counties being served by the service(s) provided with funding) Nassau

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.)

Transportation is vital to the operation of Ark of Nassau. Daily our vans cover every corner of Nassau County bringing 25 individuals we serve to our Life Skills Training Program. We also provide transportation for 5 individuals participating in our Life Skills Training Program to go to work. This transportation provides a job for them as part of our RESPECT Team; a job they would not otherwise have.

Ark of Nassau does receive county grant funds and it is the intent of Ark to use a portion of the county grant funds to cover the initial purchase and to fulfill some of the operating expenses of the related vehicles, such as insurance costs.

This request addresses a Fixed Capital Outlay Project. Below are revenue and expense amounts for the support & operation of our special needs transportation vehicles and replacement costs for our 2009 Chevrolet Bus and 2003 Dodge Caravan passenger van.

Revenue: Medicaid Waiver ? average monthly reimbursement \$4,996

Average monthly expenses: Drivers Payroll, Repairs & Maintenance, Insurance, Fuel \$4,426

The MedWaiver reimbursement amount covers the monthly operation, however, it does not allow for the replacement of the vehicles.

This investment allows Ark of Nassau to replace two older vehicles with new vehicles, equally equipped to address their special needs. The best return on this investment allows funds available to support the programs that benefit our individuals rather than on high-dollar maintenance of our older vehicles.

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: 6,268

Other: 0

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

No