## **Appropriations Project Request - Fiscal Year 2017-18**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Pilot Online Adult Education Program for State Library System - Smart Horizons Career Online High School

2. Date of Submission: 02/02/2017

3. House Member Sponsor: Katie Edwards

Members Copied:

## 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? 2016-17
- 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 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.) |                                     |  | Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.) |                                       |  |
|-----------------------|--|-------------------------------------|--|--|---------------------------------------|--|
| Column:               | Α  | В                                   | С  | D  | E                                     | F  |
| Funds<br>Description: | Prior Year<br>Recurring<br>Funds   | Prior Year<br>Nonrecurring<br>Funds | Total Funds Appropriated  (Recurring plus Nonrecurring: column A + column B) | Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)  | Additional<br>Nonrecurring<br>Request | TOTAL Nonrecurring Request  (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.) |
| Input<br>Amounts:     |  | 750,000                             | 750,000  |  | 1,500,000                             | 1,500,000  |

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No 5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Education

- 6. Requester:
  - a. Name: Howard Liebman
  - b. Organization: Smart Horizons Career Online Education (Superintendent)
  - c. Email: <a href="mailto:hliebman@shcoe.org">hliebman@shcoe.org</a>
    d. Phone #: (305)962-6489
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: Howard Liebman
  - b. Organization: Smart Horizons Career Online Education (Superintendent)
  - c. Email: <a href="mailto:hliebman@shcoe.org">hliebman@shcoe.org</a> d. Phone #: (305)962-6489
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: Chip Case
  - b. Firm: <u>Jefferson Monroe Consulting</u> c. Email: Chip@Jeffersonmonroe.com
  - d. Phone #: (850)544-2222
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
  - a. Name: Smart Horizons Career Online High School, LLC
  - b. County (County where funds are to be expended): Broward
  - c. Service Area (Counties being served by the service(s) provided with funding): Statewide
- 10. What type of organization is the entity that will receive the funds? (Select one)
  - For Profit
  - O Non Profit 501(c) (3)
  - O Non Profit 501(c) (4)
  - O Local Government

| 0 | Univer | sity or College   |
|---|--------|-------------------|
| 0 | Other  | (Please describe) |

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

The program serves those in Florida's adult drop out population that are considered unemployed or underemployed. The intent is to improve their employment and earning prospects by providing them with the opportunity to obtain high school and career credentials through the FL Public Library System. \$1,500,000 will provide an unlimited number of applicants with access to the pre-requisite screening portion of the program, and approximately 1,334 students with access to the full high school program

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

| Spending Category                                       | Description  | Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category |
|---|--|--|
| Administrative Costs:                                   |  |  |
| □a. Executive Director/Project Head Salary and Benefits |  |  |
| □b. Other Salary and Benefits                           |  |  |
| □c. Expense/Equipment/Travel/Supplies/Other             |  |  |
| □d. Consultants/Contracted Services/Study               |  |  |
| Operational Costs:                                      |  |  |
| ☐e. Salaries and Benefits                               |  |  |
| ☑f. Expenses/Equipment/Travel/Supplies/Other            | 1,334 scholarships for adult learners needing a high school diploma. | 1,500,000  |
| □g. Consultants/Contracted Services/Study               |  |  |
| Fixed Capital Construction/Major Renovation:            |  |  |
| □h. Construction/Renovation/Land/Planning Engineering   |  |  |

|      | TOTAL  | 1,500,000   |
|------|--|---|
| ixe  | For the Fixed Capital Costs requested with this issue, what typed Capital Outlay? was not selected, question 13 is not applica N/A   | pe of ownership will the facility be under when complete? (In Question 12, if ?h. able)   |
|      | Is the project request an information technology project? <u>No</u>  |   |
| orga | Is there any documented show of support for the requested panizational backing, or other expressions of support? <u>Yes</u>  | project in the community including public hearings, letters of support, major   |
|      |  | rkforce Boards, Goodwill Industries International, McDonald's Corporation, Los Source Florida, and the University of Pittsburgh have offered testimonials on the Tt Horizons Career Online High School's website. |
| L6.  | Has the need for the funds been documented by a study, con $\underline{\text{No}}$   | npleted by an independent 3rd party, for the area to be served?   |
|      | Will the requested funds be used directly for services to citize Yes   | ens?  |
|      | 17a. Describe the target population to be served. Select all t  ☑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 ☐Physically disabled | that apply to the target population:  |
|      | □Drug users (in health services)   |   |

| □Grade school students<br>□High school students  |
|--|
| ☐High school students  |
|  |
| □University/college students   |
| ☑Currently or formerly incarcerated persons  |
| □Drug offenders (in criminal Justice)  |
| ☑Victims of crime  |
| □Other (Please describe)   |
| 17b. How many in the target population are expected to be served?  O< 25  O25-50  O51-100  O101-200  O201-400  O401-800  ⊙>800 |

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

| Benefit or Outcome                                   | Provide a specific measure of the benefit or outcome   | Describe the method for measuring level of benefit |
|--|--|--|
| □Improve physical health                             |  |  |
| □Improve mental health                               |  |  |
| □Enrich cultural experience                          |  |  |
| □Improve agricultural production/promotion/education |  |  |
| ☑Improve quality of education                        | Graduates will have earned a fully accredited AdvancED/SACS/NCA/NWAC high school diploma and career certificate. | Total number of graduates                          |
| □Enhance/preserve/improve environmental or fish and  |  |  |

| Reduction in lifetime cost of each high school dropout to taxpayers (approximately \$292,000/ dropout) | Graduates x \$292,000  |
|--|--|
|  |  |
|  |  |
| Reduction in underemployment.  | Number of graduates with full-time employment or improved employment |
|  |  |
|  |  |
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|  |  |
|  |  |
|  | high school dropout to taxpayers (approximately \$292,000/ dropout)  |

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

| 1 ,             | 0 \    | ,                          |                          |
|-----------------|--------|----------------------------|--------------------------|
| Type of Funding | Amount | Percent of Total           | Are the other sources of |
|                 |        | (Automatically Calculates) | funds guaranteed in      |

|   |           |        | writing? |
|---|-----------|--------|----------|
| Amount Requested from the State in this Appropriations     Project Request: | 1,500,000 | 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       |
| 5. Other:   | 0         | 0.0%   | No       |
| TOTAL   | 1,500,000 | 100%   |          |

| 20. | Is this a multi-year project requiring funding from the state for more than one year?  Yes |
|-----|--|
|     | 20a. How much state funding would be requested after 2017-18 over the next 5 years?  O<1M  |
|     | O1-3M  |
|     | ⊙>3-10M  |
|     | O>10M  |
|     | 20b. How many additional years of state support do you expect to need for this project?    |
|     | O1 year  |
|     | O2 years   |
|     | O3 years   |
|     | O4 years   |
|     | ⊙>= 5 years  |

20c. 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

O<1M

O1-2M

O>2-3M O>3-10M

O>10M