Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Lil Abner Foundation Community Programs

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Colleen Burton

Members Copied:

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?
- 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:	(If app	for FY 2016 for FY 2016 propriated in 201 priated amount, e	6-17 enter the	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 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)	Additional Nonrecurring 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 Amounts:				184,934 184,934		

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: Raul Rodriguez
 - b. Organization: Lil Abner Foundation
 - c. Email: ruiz.fnr@gmail.com d. Phone #: (305)479-5140
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Francisco Ruiz
 - b. Organization: Lil Abner Foundation
 - c. Email: ruiz.fnr@gmail.com d. Phone #: (305)479-5140
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: None
 - b. Firm: None
 - c. Email:
 - d. Phone #:
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Lil Abner Foundation
 - b. County (County where funds are to be expended): Miami-Dade
 - c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit

 - O Non Profit 501(c) (4)
 - O Local Government

O Univer	sity or College
O Other	Please describe)

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

The Lil Abner Foundation's mission is to facilitate access to educational, recreational, and health services to all residents of the City of Sweetwater from K-12 grade students to the elderly. This request will focus on K-12 student to provide tutoring, taekwondo, dance, and archery classes. The main purpose of these services is to enable the underserved youth of the City of Sweetwater to have an equal opportunity as other children do to get ahead in life.

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	To pay the salary of the executive director and Program instructor head salary.	54,900
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
☑d. Consultants/Contracted Services/Study	Administrative Assistant Salary. State certified K-8 Teacher salary for tutoring program.	34,247
Operational Costs:		
□e. Salaries and Benefits		
☑f. Expenses/Equipment/Travel/Supplies/Other	Costs for Travel for competitions. Dance uniforms, and archery Equipment	65,337
☑g. Consultants/Contracted Services/Study	Contracted instructors for	30,450

		Taekwondo, Dance, and Archery.	
		Cleaning	
	Fixed Capital Construction/Major Renovation:		
	□h. Construction/Renovation/Land/Planning Engineering		
	TOTAL		184,934
14. 15.	For the Fixed Capital Costs requested with this issue, what ty ed Capital Outlay? was not selected, question 13 is not applicated N/A Is the project request an information technology project? No Is there any documented show of support for the requested ganizational backing, or other expressions of support? No	able)	
16.	Has the need for the funds been documented by a study, con No	npleted by an independent 3rd party, for	r the area to be served?
17.	Will the requested funds be used directly for services to citize Yes	ens?	
	17a. Describe the target population to be served. Select all □ 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	that apply to the target population:	
		David 4 of 0	

□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
□Other (Please describe)
17b. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
⊙ 101-200
O201-400
O401-800
O>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	Children or adults being able to perform a task.	Method may be improving the rank in a competition or achieving a new belt in Taekwondo.
☑Improve mental health	In all of our programs achieving a new task will definitely improve the state in which a person feels better about themselves.	People being happier after achieving a new task.
□Enrich cultural experience		
□Improve agricultural production/promotion/education		

☑Improve quality of education	For children in our tutoring programs the benefit is learning and mastering a subject matter that will help them get better grades in school.	Child's report card and behavior report from school.
□Enhance/preserve/improve environmental or fish and wildlife quality		
whome quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
☑Increase or improve economic activity	With our adult English classes, individuals will be able to learn the basic English language and be able to get better paying jobs.	People coming back and letting us know that they obtained a better paying job or were able to become a U.S. Citizen.
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
☑Reduce substance abuse	The more at risk teenagers that we get into our programs, the less chances of getting into drug abuses.	Every time we enroll a teenager, we are mentoring them to stay on the right path.
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		

Theorem desirable a mater anality	
☐Improve drinking water quality	
☐ Improve surface water quality	
DOther (Diseas describe):	
□Other (Please describe):	

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

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations Project Request:	184,934	77.8%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	52,765	22.2%	Yes
TOTAL	237,699	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 afte	er 2017-18 ovei	the next 5 years

O<1M

O1-3M

O>3-10M

⊙>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

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