Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Advancement Via Individual Determination (AVID)

2. Date of Submission: 11/07/2019

3. House Member Sponsor: Ray Rodrigues

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, Col. E

- b. What is the most recent fiscal year the project was funded? 2019-20
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		350,000	350,000		1,000,000	1,000,000

- 5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Department of Education
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? $\underline{\text{Yes}}$
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Because all funding is tied to AVID student performance on coursework, no funding will be disbursed to an AVID school until student performance measures are met.

6. Requester:

a. Name: Robin McCoy

b. Organization: Advancement Via Individual Determination (AVID)

c. Email: rmccoy@avid.org d. Phone #: (919)619-4131

7. Contact for questions about specific technical or financial details about the project:

a. Name: Robin McCoy

b. Organization: Advancement Via Individual Determination (AVID)

c. Email: rmccoy@avid.org d. Phone #: (919)619-4131

8. Is there a registered lobbyist working to secure funding for this project?

a. Name: Ron LaFace

b. Firm: Capital City Counseling

c. Email: <u>ron@cccfla.com</u> d. Phone #: (850)445-7258

- 9. Organization or Name of entity receiving funds:
 - a. Name: Traditional public and charter schools with an AVID program
 - b. County (County where funds are to be expended): Statewide
 - c. Service Area (Counties being served by the service(s) provided with funding): <u>Statewide</u>
- 10. What type of organization is the entity that will receive the funds? (Select one)

O For Profit

O Non Profit 501(c) (3)

O Non Profit 501(c) (4)

O Local Government

O University or College

• Other (Please describe) <u>Traditional public/charter schools with AVID program whose students meet the funding criteria.</u>

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

AVID's goal is to provide enhanced academic support to students who have the ability to succeed but need additional resources to achieve their full potential. AVID provides middle and high school students with academic and emotional support needed to build confidence, enroll in more advanced courses, including IB, AP, AICE, and dual enrollment, and to pursue higher education goals. The funds will support educator professional development, one-on-one tutoring, and college campus tours.

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

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Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) 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	Requested funds will provide hourly payments for on-campus tutors who provide additional academic support to AVID students during the school day supporting the students' rigorous coursework.	300,000		
☑f. Expenses/Equipment/Travel/Supplies/Other	Provide professional development and training to AVID teachers, program coordinators, and tutors; • Provide college campus tours for AVID students; and • Pay school	700,000		

	licensing fees and professional development at Summer Institute.	
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

OFor Profit

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

14. Is the project request an information technology project?

<u>No</u>

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Yes. Letters of support from students, teachers, principals, district administrators, and parents are available and will be provided upon request.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? Yes

16a. Please Describe:

AVID's effectiveness has been validated by independent third-party studies conducted by College Spark Washington's College Readiness Initiative, the Houston Independent School District, the Gibson Consulting Group, and the Center for Research, Evaluation, and Training in Education (CREATE).

- 17. Will the requested funds be used directly for services to citizens? Yes
 - 17a. What are the activities and services that will be provided to meet the purpose of the funds?

 Funds will provide professional development training for AVID teachers so they have the tools needed to connect with & help their students succeed. Funds will allow Florida educators to receive high-quality professional development so they can effectively teach students AVID skills including: notetaking, inquiry skills, reading to learn, organization & collaboration. Funds also support one-on-one tutoring, increased college preparation, & college site visits for AVID students.
 - 17b. Describe the direct services to be provided to the citizens by the funding requested.

 Students enrolled in an AVID elective are provided with intensive academic support through in-class tutors, access to college campus tours, & instruction in academic & social skills that are not targeted in traditional classes. AVID teaches organizational skills, active learning through notetaking, critical thinking, & debate, all of which provide students with a foundation for greater understanding of traditional academic content & accelerates underachieving students into more rigorous courses.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or gro	oups.").
Select all that apply to the target population:	
□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	
□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
☐General (The majority of the funds will benefit no specific group)
□Other (Please describe)
17d. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
O101-200
O201-400
O401-800
0>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome 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	• 100% of AVID Florida Seniors graduated from high school and had an average GPA of 3.4; • 77% of AVID Florida Seniors took at least one course of rigor while in high school; and • Nationally, first-generation, low-income AVID alumni who go to college are four times more likely to graduate than their national	AVID tracks performance data for all students participating in the program to measure success and outcomes.

	peers	
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual's economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of
			funds guaranteed in

			writing?
Amount Requested from the State in this Appropriations Project Request:	1,000,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,000,000	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 2020-21 over the next 5 years?

O<1M

⊙1-3M

O>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".

 \odot ongoing activity – no total cost

O<1M

O1-3M

O>3-10M O>10M

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