



Transportation & Tourism Appropriations Subcommittee

**Wednesday, March 8, 2017
8:00 AM – 11:00 AM
116 Knott Building**

Meeting Packet



The Florida House of Representatives

Appropriations Committee

Transportation & Tourism Appropriations Subcommittee

Richard Corcoran
Speaker

Clay Ingram
Chair

AGENDA

Wednesday, March 8, 2017

116 Knott Building

8:00 AM – 11:00 AM

- I. Call to Order/Roll Call
- II. Opening Remarks by Chair Ingram
- III. Consideration of the following bills:
 - CS/HB 309** Specialty License Plates by Transportation & Infrastructure Subcommittee, Combee
 - HB 323** Specialty License Plates by Roth
 - HB 2379** Florida African American Heritage Preservation Network by Alexander
 - HB 2571** Building Homes for Heroes by Santiago
 - HB 2631** Florida Holocaust Museum – St. Petersburg by Peters
 - HB 2913** Professional Video Production Training for Workforce Development by Cruz
 - HB 3167** University Drive North Resurfacing by Moskowitz
 - HB 3313** Gator Canal Bridge Replacement by Donalds
 - HB 3389** Florida Holocaust Documentation and Education Center by Geller
 - HB 3431** Design District Public Infrastructure Improvements by Nuñez
 - HB 3441** Camp Matecumbe Historic Chapel Restoration by Nuñez
 - HB 3773** Beulah Interchange at I-10 & Infrastructure by White
 - HB 3775** General Bernardo de Galvez Monument Project by White
- IV. Closing Remarks/Adjournment

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 309 Specialty License Plates
SPONSOR(S): Transportation & Infrastructure Subcommittee, Combee and others
TIED BILLS: IDEN./SIM. **BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Transportation & Infrastructure Subcommittee	15 Y, 0 N, As CS	Johnson	Vickers
2) Transportation & Tourism Appropriations Subcommittee		Cobb <i>pt</i>	Davis <i>ad</i>
3) Government Accountability Committee			

SUMMARY ANALYSIS

The bill directs the Department of Highway Safety and Motor Vehicles (DHSMV) to create the American Eagle specialty license plate with an annual use fee of \$25.

The annual use fee is distributed to the American Eagle Foundation for deposit in its national endowment fund. The bill requires the American Eagle Foundation to use the proceeds to fund public education programs, rescue and care programs, and other conservation efforts in Florida that benefit bald eagles. The new license plates will display the word "Florida" at the top of the plate and "God Bless America" at the bottom of the plate.

The bill also amends the distribution for the Fallen Law Enforcement Officers specialty license plate to provide that up to 10 percent of the revenue can be used for marketing and the remainder of the proceeds must be distributed to the Police and Kids Foundation, Inc. for its operations, activities, programs, and projects.

According to DHSMV, the bill will have a negative, but insignificant fiscal impact to state expenditures.

The bill has an effective date of October 1, 2017.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Specialty License Plates in General

The first Florida specialty license plates were enacted in 1986 and included the creation of the Challenger plate and ten Florida collegiate plates. Today, there are over 120 specialty license plates available to any owner or lessee of a motor vehicle who is willing to pay the additional use fee for the privilege, typically \$25 annually.¹ The collected fees are distributed by the Department of Highway Safety and Motor Vehicles (DHSMV) to statutorily designated organizations in support of a particular cause or charity. Vehicles registered under the International Registration Plan, a commercial truck required to display two license plates, or truck tractors are not eligible for specialty license plates.²

Only the Legislature may create new specialty license plates. If a specialty license plate is created by law, the following requirements must then be met:

- Within 60 days, the organization must submit an art design, in a medium prescribed by DHSMV.³
- Within 120 days, DHSMV must establish a method to issue a specialty license plate voucher to allow for the pre-sale of the specialty plate.⁴
- Within 24 months after the voucher is established, the organization must obtain a minimum of 1,000 voucher sales before manufacturing may begin. If this requirement is not met, the plate is deauthorized and DHSMV must discontinue development of the plate and issuance of the vouchers.⁵

DHSMV must discontinue the issuance of an approved specialty license plate if the number of valid specialty plate registrations falls below 1,000 plates for at least 12 consecutive months. A warning letter is mailed to the sponsoring organization following the first month in which the total number of valid specialty plate registrations falls below 1,000 plates (does not apply to collegiate license plates).⁶

Organizations in receipt of specialty license plate revenue must adhere to certain accountability requirements found in statute. These requirements include an annual attestation document affirming, under penalty of perjury, that funds received have been spent in accordance with applicable statutes.⁷

Fallen Law Enforcement Officer Specialty License Plate

In 2014, the Legislature passed CS/HB 65⁸ which, in part, created the Fallen Law Enforcement specialty license plate and authorized a \$25 fee for the license plate.⁹ The bill requires the annual use fees from the Fallen Law Enforcement Officer's license plates to be distributed to the Police and Kid's Foundation, Inc. The 2014 bill authorized a maximum of 10 percent of the proceeds to be used to promote and market the plate. That bill provided that remainder of the proceeds were to be used to invest and reinvest, and the interest earnings are to be used for the operation of the Police and Kids Foundation, Inc.

¹ Florida Department of Highway Safety and Motor Vehicles, *Specialty License Plates Index*, <http://www.flhsmv.gov/dmv/specialtytags/> (last visited December 21, 2016)

² s. 320.08056(2), F.S.

³ s. 320.08053(1), F.S.

⁴ s. 320.08053(2)(a), F.S.

⁵ s. 320.08053(2)(b), F.S.

⁶ s. 320.08056 (8)(a), F.S.

⁷ s. 320.08062, F. S.

⁸ Chapter 2014-168, L.O.F.

⁹ Section 320.08053(4)(bbbb), F.S.

Proposed Changes

Fallen Law Enforcement Specialty License Plate

The bill clarifies the distribution of the Fallen Law Enforcement Officer specialty license plate. The bill keeps the maximum of 10 percent of the proceeds for marketing the license plate. It provides that the remaining proceeds are to be used for the operations, activities, programs, and projects of the Police and Kids Foundation, Inc..

Based in Brooksville, Florida, the Police and Kids Foundation, Inc., is a non-profit corporation. Its first objective is to provide funding for responding police officers to help a child in need. This assistance may include items such as food, clothing, and the replacement of lost or damaged property. The foundation also created a scholarship for at least one senior student at the Pinellas Park High School Criminal Justice Academy.¹⁰

American Eagle Specialty License Plate

The bill directs the DHSMV to develop an American Eagle license plate, with an annual use fee of \$25, bearing the colors and design approved by DHSMV. The word "Florida" must appear at the top of the plate and "God Bless America" must appear at the bottom of the plate.

DHSMV retains all annual use fees from the sale of the American Eagle license plate until all startup costs for developing and issuing the license plate have been recovered.¹¹ Thereafter, the annual use fees from the sale of the American Eagle license plate are distributed to the American Eagle Foundation for deposit in its national endowment fund. The American Eagle Foundation is required to use the proceeds to fund public education programs, rescue and care programs, and other conservation efforts that benefit bald eagles.

Based in Pigeon Forge, Tennessee, the American Eagle Foundation is a not-for-profit organization whose mission is to protect the bald eagle and other birds of prey through education, re-population, conservation, and rehabilitation.¹²

B. SECTION DIRECTORY:

Section 1 amends s. 320.08056, F.S., relating to specialty license plates.

Section 2 amends s. 320.08058, F.S., relating to specialty license plates.

Section 3 provides an effective date of October 1, 2017.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

DHSMV estimates that 210 hours, or the equivalent of \$7,410 in FTE and contracted resources will be required in order to implement the bill.¹³ These costs can be absorbed within existing resources.

¹⁰ Police and Kids Foundation Website <http://www.policeandkids.com/about/> (Last visited February 14, 2017).

¹¹ DHSMV no longer retains the annual use fees to offset startup costs since s. 320.08053, F.S., now provides for a presale process.

¹² American Eagle Foundation website: <https://www.eagles.org/> (Last visited January 27, 2017).

¹³ Department of Highway Safety and Motor Vehicles Bill Analysis of HB 309. Page 4.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Revenue from the sale of the American Eagle specialty license plate will benefit the American Eagle Foundation and its work to support bald eagles.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not require a municipality or county to expend funds or to take any action requiring the expenditure of funds. The bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate. The bill does not require a reduction of the percentage of state tax shared with municipalities or counties.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Comments

Section 320.08056(10)(a), F.S., provides that fees and interest earned from specialty license plates fees may be expended only for use in this state unless the annual used fee is derived from the sale of United States Armed Forces and veterans-related specialty license plates. While the bill indicates that the revenue will be used in Florida, the American Eagle Foundation is not registered with the Department of State as a corporation.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On February 15, 2017, the Transportation & Infrastructure Subcommittee adopted a strike-all amendment and reported the bill favorably as a committee substitute. The strike-all amendment revised the distribution of funds for the Fallen Law Enforcement Officer specialty license plate and made a technical change to the American Eagle specialty license plate.

This analysis is drafted to the committee substitute

1 A bill to be entitled
2 An act relating to specialty license plates; amending
3 s. 320.08056, F.S.; establishing an annual use fee for
4 the American Eagle license plate; amending s.
5 320.08058, F.S.; revising distribution of the proceeds
6 from the sale of the Fallen Law Enforcement Officers
7 license plate; directing the Department of Highway
8 Safety and Motor Vehicles to develop an American Eagle
9 license plate; providing for distribution and use of
10 fees collected from the sale of the plates; providing
11 an effective date.

12
13 Be It Enacted by the Legislature of the State of Florida:

14
15 Section 1. Paragraph (ffff) is added to subsection (4) of
16 section 320.08056, Florida Statutes, to read:

17 320.08056 Specialty license plates.-
18 (4) The following license plate annual use fees shall be
19 collected for the appropriate specialty license plates:

20 (ffff) American Eagle license plate, \$25.

21 Section 2. Paragraph (b) of subsection (80) of section
22 320.08058, Florida Statutes, is amended, and subsection (84) is
23 added to that section, to read:

24 320.08058 Specialty license plates.-
25 (80) FALLEN LAW ENFORCEMENT OFFICERS LICENSE PLATES.-

26 (b) The annual use fees shall be distributed to the Police
 27 and Kids Foundation, Inc., which may use up to ~~a maximum of~~ 10
 28 percent of the proceeds for marketing ~~to promote and market~~ the
 29 plate. The remainder of the proceeds shall be used by the Police
 30 and Kids Foundation, Inc., for its operations, activities,
 31 programs, and projects ~~to invest and reinvest, and the interest~~
 32 ~~earnings shall be used for the operation of the Police and Kids~~
 33 ~~Foundation, Inc.~~

34 (84) AMERICAN EAGLE LICENSE PLATES.-

35 (a) The department shall develop an American Eagle license
 36 plate as provided in this section and s. 320.08053. The plate
 37 must bear the colors and design approved by the department. The
 38 word "Florida" must appear at the top of the plate, and the
 39 words "God Bless America" must appear at the bottom of the
 40 plate.

41 (b) The annual use fees from the sale of the plate shall
 42 be distributed to the American Eagle Foundation for deposit in
 43 the foundation's national endowment fund. The American Eagle
 44 Foundation shall use the proceeds to fund public education
 45 programs, rescue and care programs, and other conservation
 46 efforts in Florida that benefit bald eagles.

47 Section 3. This act shall take effect October 1, 2017.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 323 Specialty License Plates
SPONSOR(S): Roth and others
TIED BILLS: IDEN./SIM. **BILLS:** SB 284

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Transportation & Infrastructure Subcommittee	15 Y, 0 N	Johnson	Vickers
2) Transportation & Tourism Appropriations Subcommittee		Cobb <i>PC</i>	Davis <i>8/10/17</i>
3) Government Accountability Committee			

SUMMARY ANALYSIS

The bill directs the Department of Highway Safety and Motor Vehicles (DHSMV) to create a new specialty license plate designated as the "President Ronald Reagan" license plate, with an annual use fee of \$25 to be distributed to Florida Ronald Reagan Centennial, Inc., and used as follows:

- 15 percent of the proceeds for administrative costs of the organization.
- 10 percent of the proceeds for promotion and marketing of the plate.
- 10 percent of the proceeds must be distributed to the Florida National Guard Foundation.
- 15 percent of the proceeds must be used to fund activities, programs, and projects that educate Florida's children and residents about the contributions of the nation's 40th President to the state and the United States.
- 50 percent of the proceeds must be used to support ongoing research of Alzheimer's disease for the benefit of Florida citizens and their families who suffer from the disease.

The new plate will display the word "Florida" at the top of the plate and the words "President Ronald Reagan" at the bottom of the plate.

According to DHSMV, the bill will have a negative, but insignificant fiscal impact to state expenditures.

The bill has an effective date of October 1, 2017.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Specialty License Plates in General

The first Florida specialty license plates were enacted in 1986 and included the creation of the Challenger plate and ten Florida collegiate plates. Today, there are over 120 specialty license plates available to any owner or lessee of a motor vehicle who is willing to pay the additional use fee for the privilege, typically \$25 annually.¹ The collected fees are distributed by the Department of Highway Safety and Motor Vehicles (DHSMV) to statutorily designated organizations in support of a particular cause or charity. Vehicles registered under the International Registration Plan, a commercial truck required to display two license plates, or truck tractors are not eligible for specialty license plates.²

Only the Legislature may create new specialty license plates. If a specialty license plate is created by law, the following requirements must then be met:

- Within 60 days, the organization must submit an art design, in a medium prescribed by DHSMV.³
- Within 120 days, DHSMV must establish a method to issue a specialty license plate voucher to allow for the pre-sale of the specialty plate.⁴
- Within 24 months after the voucher is established, the organization must obtain a minimum of 1,000 voucher sales before manufacturing may begin. If this requirement is not met, the plate is deauthorized and DHSMV must discontinue development of the plate and issuance of the vouchers.⁵

DHSMV must discontinue the issuance of an approved specialty license plate if the number of valid specialty plate registrations falls below 1,000 plates for at least 12 consecutive months. A warning letter is mailed to the sponsoring organization following the first month in which the total number of valid specialty plate registrations falls below 1,000 plates (does not apply to collegiate license plates).⁶

Organizations in receipt of specialty license plate revenue must adhere to certain accountability requirements found in statute. These requirements include an annual attestation document affirming, under penalty of perjury, that funds received have been spent in accordance with applicable statutes.⁷

Proposed Changes

President Ronald Reagan License Plate

The bill directs DHSMV to create a new specialty license plate designated as the "President Ronald Reagan" license plate, with an annual use fee of \$25 to be distributed to Florida Ronald Reagan Centennial, Inc. and used as follows:

- 15 percent of the proceeds for administrative costs of the organization.
- 10 percent of the proceeds for promotion and marketing of the plate.
- 10 percent of the proceeds must be distributed to the Florida National Guard Foundation.

¹ Florida Department of Highway Safety and Motor Vehicles, *Specialty License Plates Index*, <http://www.flhsmv.gov/dmv/specialtytags/> (last visited January 15, 2016).

² s. 320.08056(2), F.S.

³ s. 320.08053(1), F.S.

⁴ s. 320.08053(2)(a), F.S.

⁵ s. 320.08053(2)(b), F.S.

⁶ s. 320.08056 (8)(a), F.S.

⁷ s. 320.08062, F. S.

- 15 percent of the proceeds must be used to fund activities, programs, and projects that educate Florida's children and residents about the contributions of the nation's 40th President to the state and the United States.
- 50 percent of the proceeds must be used to support ongoing research of Alzheimer's disease for the benefit of Florida citizens and their families who suffer from the disease.

The new plate will display the word "Florida" at the top of the plate, and the words "President Ronald Reagan" at the bottom of the plate.

Florida Ronald Reagan Centennial, Inc.

The Florida Ronald Reagan Centennial, Inc. is registered as a not-for-profit corporation with the Department of State's Division of Corporations.⁸

B. SECTION DIRECTORY:

Section 1 amends s. 320.08056, F.S., relating to specialty license plates.

Section 2 amends s. 320.08058, F.S., relating to specialty license plates.

Section 3 provides an effective date of October 1, 2017.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

DHSMV estimates that 207 hours, or the equivalent of \$7,245 in FTE and contracted resources will be required in order to implement the bill. This cost can be absorbed within existing resources.⁹

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Revenue generate from the Ronald Reagan specialty license plates will be distributed to Florida Ronald Reagan Centennial, Inc., to be distributed as provided in the bill.

⁸

<http://search.sunbiz.org/Inquiry/CorporationSearch/SearchResultDetail?inquirytype=EntityName&directionType=Initial&searchNameOrder=FLORIDARONALDREAGANCENTENNIAL%20N160000003980&aggregateId=domnp-n16000000398-46b6a47c-bee3-4721-a9a5-1a4267fc9840&searchTerm=Florida%20Ronald%20Reagan&listNameOrder=FLORIDARONALDREAGANCENTENNIAL%20N160000003980> (Last visited February 2, 2017).

⁹ DHSMV Bill Analysis of HB 369. Page 4.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to require counties or municipalities to spend funds or take action requiring the expenditures of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

According to DHSMV, it has not seen the image of the license plate. If the license plate contains Ronald Reagan's image, DHSMV will need to ensure the proper approval/agreement to use the image with the organization and with the proper representatives of Ronald Reagan.¹⁰

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
 2 An act relating to specialty license plates; amending
 3 ss. 320.08056 and 320.08058, F.S.; directing the
 4 Department of Highway Safety and Motor Vehicles to
 5 develop a Ronald Reagan license plate; establishing an
 6 annual use fee for the plate; providing for
 7 distribution and use of fees collected from the sale
 8 of the plates; providing an effective date.

9

10 Be It Enacted by the Legislature of the State of Florida:

11

12 Section 1. Paragraph (ffff) is added to subsection (4) of
 13 section 320.08056, Florida Statutes, to read:

14 320.08056 Specialty license plates.—

15 (4) The following license plate annual use fees shall be
 16 collected for the appropriate specialty license plates:

17 (ffff) Ronald Reagan license plate, \$25.

18 Section 2. Subsection (84) is added to section 320.08058,
 19 Florida Statutes, to read:

20 320.08058 Specialty license plates.—

21 (84) RONALD REAGAN LICENSE PLATES.—

22 (a) The department shall develop a Ronald Reagan license
 23 plate as provided in this section and s. 320.08053. The plate
 24 must bear the colors and design approved by the department. The
 25 word "Florida" must appear at the top of the plate, and the

26 words "President Ronald Reagan" must appear at the bottom of the
 27 plate.

28 (b) The annual use fees from the sale of the plate shall
 29 be distributed to Florida Ronald Reagan Centennial, Inc., to be
 30 used as follows:

31 1. Fifteen percent of the proceeds shall be used for
 32 administrative costs of the organization.

33 2. Ten percent of the proceeds shall be used for promotion
 34 and marketing of the plate.

35 3. Ten percent of the proceeds shall be distributed to the
 36 Florida National Guard Foundation.

37 4. Fifteen percent of the proceeds shall be used to fund
 38 activities, programs, and projects that educate Florida's
 39 students and residents about the contributions of the nation's
 40 40th President to the state and the United States.

41 5. Fifty percent of the proceeds shall be used to support
 42 ongoing research of Alzheimer's disease for the benefit of
 43 Florida residents and their families who suffer from the
 44 disease.

45 Section 3. This act shall take effect October 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida African American Heritage Preservation Network
2. Date of Submission: 01/26/2017
3. House Member Sponsor: Ramon Alexander
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 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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.)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(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.)</i>
Input Amounts:		400,000	400,000		450,000	450,000

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 State**

6. Requester:

- a. Name: Althemese Barnes
- b. Organization: Florida African American Heritage Preservation Network
- c. Email: abarnes2610@gmail.com
- d. Phone #: (850)766-4266

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Althemese Barnes
- b. Organization: Florida African American Heritage Preservation Network
- c. Email: abarnes2610@gmail.com
- d. Phone #: (850)766-4266

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: Florida African American Heritage Preservation Network
- b. County (County where funds are to be expended): Leon
- 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
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

FAAHPN serves as the largest consortium and professional association of African American museums and contributing historic sites in the State of Florida. The overall purpose and the activities will be directly toward further enhancement and promotion of Florida as a destination through heritage education and tourism initiatives and revitalization of communities. The 30 Network museums/sites will receive direct grants to help support their historical and cultural programming, etc.

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:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Central Adm. & Site Liaisons expense	44,500
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office needs, leadership field meeting costs	5,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Technicians, specific subject/skill consultants	18,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Network interns, professional development	67,500
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Grants: exhibits/tech/events/collections	292,500
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Research, public	22,500

	relations/communications	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		450,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if “h. Fixed Capital Outlay” was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

No

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:

Anecdotes and statements of support by email from user Network sites, governmental institution evidence of support; Annual Economic Impact Study 2016.

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:

Economic Impact Study 2016 and Federal Survey Institute of Museum and Libraries Report

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Local & state institutions seeking historical information and services

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	90 exhibits; 38,653 visits; 325 events	Audience and production data
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input checked="" type="checkbox"/> Improve quality of education	360 Heritage lessons; programs	# programs produced/participant surveys
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	\$51,425,659 business spending	Surveys/invoices/financial reports
<input checked="" type="checkbox"/> Increase tourism	186 off-site tours conducted	Survey visitations/tour participants tools
<input checked="" type="checkbox"/> Create specific immediate job opportunities	1088 job created/retained	HR records and reports
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	\$38,262,073 salaries/contracts	HR records and vendor files
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Enhance State Historical/Cultural Initiatives	25 assist with local/state programs	Number of exhibits, events contributed research, artifacts, and documents

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?
1. Amount Requested from the State in this Appropriations Project Request:	450,000	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	450,000	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?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 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

<1M

1-2M

>2-3M

>3-10M

>10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Florida African American Heritage Preservation
 4 Network; providing an appropriation; providing an
 5 effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Florida African American Heritage Preservation
 10 Network is an Appropriations Project as defined in The Rules of
 11 The Florida House of Representatives and is described in
 12 Appropriations Project Request 160, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$450,000 from the General Revenue Fund is appropriated to the
 16 Department of State to fund the Florida African American
 17 Heritage Preservation Network as described in Appropriations
 18 Project Request 160. Notwithstanding any law to the contrary,
 19 there shall be no recurring funding provided for this
 20 Appropriations Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Building Homes for Heroes
2. Date of Submission: 02/02/2017
3. House Member Sponsor: David Santiago
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:	A	B	C	D	E
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:		75,000	75,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 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 Economic Opportunity**

6. Requester:

- a. Name: Andy Pujol
- b. Organization: Building Homes For Heroes, Inc.
- c. Email: Andy@buildinghomesforheroes.org
- d. Phone #: (516)316-3358

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Andy Pujol
- b. Organization: Building Homes For Heroes, Inc.
- c. Email: Andy@buildinghomesforheroes.org
- d. Phone #: (516)316-3358

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: Building Homes for Heroes, Inc.
- b. County (County where funds are to be expended): Statewide
- 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
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

Building Homes for Heroes will be rebuilding lives for many Florida veterans who have honorably served and returned home tragically injured. Many of our home recipients are paralyzed, missing limbs, blind and/or suffer and struggle with TBI and PTSD. In our ongoing work to help those who served and sacrificed, we plan to boost Florida's economy and infrastructure by building and modifying more than 30 homes (as many as 35) for our injured veterans and their families. We will build homes from the

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction	1,000,000
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

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:

Members of the Florida Legislature as well as prominent civic groups have expressed their support.

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

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Military veterans with mental and physical disabilities

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input checked="" type="checkbox"/> Improve physical health	The privacy and value of homeownership will assist in the rehabilitation process.	Where needed and possible, ADA accommodations will be made for rehab purposes.
<input checked="" type="checkbox"/> Improve mental health	The privacy and value of homeownership will assist in the rehabilitation process	The benefits can be measured by quality of life knowing that homeownership is mortgage free.
<input checked="" type="checkbox"/> Enrich cultural experience	Communities will have the ability to	increase in community participation

	interact with disabled veterans furthering their understanding of the life of a wounded veteran.	by the wounded veteran.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	BY removing foreclosed homes off the market or building new homes has the effect of lifting surrounding home values. Also, the veterans in the communities will spend their dollars locally. Furthermore, the building and renovation work will supply jobs for contractors.	Increased permitting activity as well as an increase in tax rolls.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	The hiring of local contractors for building and renovation of homes.	The hiring of local contractors for building and renovation of homes.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Veterans will be matched with financial advisors as part of the program.	Veterans will be matched with financial advisors as part of the program.
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	By providing a stable life, those veterans with physical or mental	Measured by quality of life and

	illnesses will hopefully reduce the need for certain medications or drugs ordinarily used to assist in coping with day to day activities.	reduced prescription amounts.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Providing a mortgage free home enhances stability of life reducing the possibility of entering the criminal justice system.	Reduced rates of arrests.
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Patriotism and Community Spirit	Thousands of community members will unite to celebrate our veterans during patriotic home ceremonies, creating an extremely patriotic atmosphere throughout dozens of communities in Florida	When we welcome a veteran into a home we arrange a major ceremony, inviting friends, family, supporters, neighbors, local organizations, Boy and Girl Scouts, school marching bands and elected officials to come and celebrate

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?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	22.2%	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:	3,500,000	77.8%	No
TOTAL	4,500,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Building Homes for Heroes; providing an appropriation;
 4 providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Building Homes for Heroes is an Appropriations
 9 Project as defined in The Rules of The Florida House of
 10 Representatives and is described in Appropriations Project
 11 Request 375, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$1,000,000 from the General Revenue Fund is appropriated to
 14 the Department of Economic Opportunity to fund the Building
 15 Homes for Heroes as described in Appropriations Project Request
 16 375. Notwithstanding any law to the contrary, there shall be no
 17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Holocaust Museum ? St. Petersburg
2. Date of Submission: 02/02/2017
3. House Member Sponsor: Kathleen Peters
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:	A	B	C	D	E
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:		750,000	750,000		750,000	750,000

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 State**

6. Requester:

- a. Name: Elizabeth Gelman
- b. Organization: Florida Holocaust Museum
- c. Email: egelman@thefhm.org
- d. Phone #: (727)820-0100

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Elizabeth Gelman
- b. Organization: Florida Holocaust Museum
- c. Email: egelman@thefhm.org
- d. Phone #: (727)820-0100

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Mark Anderson
- b. Firm: Mark Anderson Governmental Consulting
- c. Email: mark@consultanderson.com
- d. Phone #: (813)205-0658

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Florida Holocaust Museum
- b. County (County where funds are to be expended): Pinellas
- 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
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

These resources will enable The Florida Holocaust Museum to continue promoting the unique and economic relationship Florida has with Israel and its efforts to digitally preserve the testimonies of Holocaust survivors and liberators.

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:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	These resources will enable The Florida Holocaust Museum to continue promoting the unique and economic relationship Florida has with Israel and its efforts to digitally preserve the testimonies of Holocaust survivors and liberators.	70,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Additional security personnel inside the Museum and in locations where programs are presented have been needed more frequently during the recent challenging times, including during Law Enforcement & Society trainings.	40,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Security-related expense: new ballistic (bullet proof) film on Museum entrance windows.	10,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		

Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries are used for program implementation for staff who are digitizing and indexing objects, testimonies and artifacts from Holocaust Survivors and Liberators.	258,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Expenses related to artifact, testimony and art digitization and indexing; integration of testimony into exhibition; web updates and additions; exhibition design, fabrication, repair and maintenance, freight fees.	119,500
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Conservation, care and photography of objects and art, cyber security, exhibition installation, research, coordination of Holocaust Survivors, Liberators.	252,500
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

No

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:

Letters of support & Resolutions including US Senator Marcio Rubio, Tampa Chief of Police Jane Castor, Pinellas County Board of Commissioners, ongoing letters from students, teachers & visitors.

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

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100

- 101-200
- 201-400
- 401-800
- >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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	In addition to hosting historical exhibitions, The FHM continually exhibits contemporary visual art responses to the Holocaust and other genocides as well as civil and human rights issues, sharing these exhibitions throughout Florida and beyond, The FHM regularly brings content-experts and well-known speakers to Tampa Bay and other areas of Florida.	Number of program and exhibition attendees. The Florida Holocaust Museum was named the #1 museum to visit in the St Petersburg-Clearwater area by USA Today.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	62,107 children in 329 schools being taught the concepts of upstander behavior, the rights and responsibilities of living in a democracy and speaking out against injustice. In addition, The FHM worked with 1975 teachers this year, touching the lives of many more students through the education of their teachers and assisting with the	Monthly and quarterly reporting.

	implementation of statutorily required instruction about the Holocaust (Chapter 1003.42).	
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Located in an enterprise zone.	According to research cited in a 2015 report created by the St Petersburg Arts Alliance, in collaboration with USFSP, on the Economic Impact of the Arts & Culture in St Petersburg FL, every State dollar spent on a cultural organization such as a museum generates an additional \$4.59 for the local economy. Direct and indirect spending based on 32 non-profit admissions (of which The Florida Holocaust Museum was part) produced a total economic impact of \$212,525,840.
<input checked="" type="checkbox"/> Increase tourism	The Florida Holocaust Museum attracts visitors from all over the world who stay in local hotels and visit other attractions.	The Florida Holocaust Museum was named the #1 museum to visit in the St Petersburg-Clearwater area by USA Today. Mention in national and international media.
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		

<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	750,000	38.0%	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:	25,000	1.3%	No
5. Other:	1,200,000	60.8%	No
TOTAL	1,975,000	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?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 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
- <1M
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Florida Holocaust Museum - St. Petersburg; providing
 4 an appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Florida Holocaust Museum - St. Petersburg is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 444, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$750,000 from the General Revenue Fund is appropriated to the
 14 Department of State to fund the Florida Holocaust Museum - St.
 15 Petersburg as described in Appropriations Project Request 444.
 16 Notwithstanding any law to the contrary, there shall be no
 17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Professional Video Production Training for Workforce Development
2. Date of Submission: 02/01/2017
3. House Member Sponsor: Janet Cruz
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:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(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.)</i>
Input Amounts:					450,000	450,000

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 Economic Opportunity

6. Requester:

- a. Name: Louise Thompson
- b. Organization: Speak Up Tampa Bay Public Access Television, Inc. (dba Tampa Bay Community Network/TBCN)
- c. Email: thompsonl@tbcn.org
- d. Phone #: (813)977-5200

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Louise Thompson
- b. Organization: Speak Up Tampa Bay Public Access Television, Inc. (dba Tampa Bay Community Network/TBCN)
- c. Email: thompsonl@tbcn.org
- d. Phone #: (813)977-5200

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: Speak Up Tampa Bay Public Access Television, Inc.
- b. County (County where funds are to be expended): Hillsborough
- 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
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

The goal is to provide video (film) production training for a minimum of 100 unemployed and underemployed individuals in Hillsborough County and beyond. Funding requested is to be used to upgrade production, editing, and distribution equipment and software and to provide salaries to trainers and support staff. Individuals will be certified in camera and producer basics, video editing, graphics , multi-camera and location production, marketing and social media, etc.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Video production trainers and support staff	150,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Studio, edit suite and master control equipment and related supplies	300,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		450,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

No

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:

We have letters of support for our video production training and/or services from US Congresswoman Kathy Castor, Children's Board of Hillsborough County, Computer Mentors, Girl Scouts of West Central Florida, P-FLAG Tampa, Hillsborough Community College, Hillsborough County Supervisor of Elections, Hillsborough County Public Works, Hillsborough County Aging Services, Coalition of Hispanic Artists, Hillsborough County Economic Development, Northside Mental Health, and many others.

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

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Veterans

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Number of individuals completing video production (media arts) training at TBCN.	In-house database tracks students? progression through classes.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		

<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Number of individuals obtaining employment or earning income as a result of training.	Pre- and post-training surveys.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Number of individuals obtaining employment or earning income as a result of training.	Pre- and post-training surveys.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Number of individuals obtaining employment or earning income as a result of training.	Pre- and post-training surveys.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	450,000	39.4%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	63,517	5.6%	Yes
4. Local:	428,000	37.5%	Yes
5. Other:	200,000	17.5%	No
TOTAL	1,141,517	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?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 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

<1M

1-2M

>2-3M

>3-10M

>10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Professional Video Production Training for Workforce
 4 Development; providing an appropriation; providing an
 5 effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Professional Video Production Training for
 10 Workforce Development is an Appropriations Project as defined in
 11 The Rules of The Florida House of Representatives and is
 12 described in Appropriations Project Request 335, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$450,000 from the General Revenue Fund is appropriated to the
 16 Department of Economic Opportunity to fund the Professional
 17 Video Production Training for Workforce Development as described
 18 in Appropriations Project Request 335. Notwithstanding any law
 19 to the contrary, there shall be no recurring funding provided
 20 for this Appropriations Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: University Drive North Resurfacing
- 2. Date of Submission: 02/05/2017
- 3. House Member Sponsor: Jared Moskowitz
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? 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 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(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.)</i>
Input Amounts:		300,000	300,000		300,000	300,000

- 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 Transportation

6. Requester:

- a. Name: Susan Grant
- b. Organization: City of Coral Springs/Deputy City Manager
- c. Email: sgrant@coralsprings.org
- d. Phone #: (954)344-1144

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Kristin Holowicki
- b. Organization: City of Coral Springs/Grant Coordinator
- c. Email: kholowicki@coralsprings.org
- d. Phone #: (954)344-5902

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Candice Ericks
- b. Firm: Ericks Consultants
- c. Email: lauren.andyj@gmail.com
- d. Phone #: (931)265-8999

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: City of Coral Springs
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

This project will resurface a section of University Drive which serves as one of the primary entrances into the City and is also a hurricane evacuation route. The current roadway surface is in bad shape needing to be milled and resurfaced due to heavy traffic on a daily basis.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Resurfacing of a roadway	300,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

No

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:

The City of Coral Springs commission has approved this project via unanimous vote at a commission meeting in January 2017.

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

No

17. Will the requested funds be used directly for services to citizens?

No

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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		

<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Resurfacing of a street	Survey of citizens
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	300,000	50.0%	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:	300,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	600,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 University Drive North Resurfacing; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. University Drive North Resurfacing is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 652, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$300,000 from the State Transportation (Primary) Trust Fund
 14 is appropriated to the Department of Transportation to fund the
 15 University Drive North Resurfacing as described in
 16 Appropriations Project Request 652. Notwithstanding any law to
 17 the contrary, there shall be no recurring funding provided for
 18 this Appropriations Project.

19 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Gator Canal Bridge Replacement
2. Date of Submission: 01/17/2017
3. House Member Sponsor: Byron Donalds
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:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(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.)</i>
Input Amounts:					500,000	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 Transportation**

6. Requester:

- a. Name: Donna Fiala
- b. Organization: Collier County Board of County Commissioners
- c. Email: donnafiala@colliergov.net
- d. Phone #: (239)252-8601

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Anthony Stolts
- b. Organization: Collier County Board of County Commissioners
- c. Email: anthonystolts@colliergov.net
- d. Phone #: (239)252-5835

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Keith Arnold
- b. Firm: Buchanan, Ingersoll, Rooney
- c. Email: keith.arnold@bipc.com
- d. Phone #: (850)681-0411

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

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

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

This project will replace eleven functionally obsolete bridges east of State Road (SR) 29 in Collier County. The bridges are heavily utilized for agriculture and other commercial traffic. They also provide direct and timely access to local residents for first responders. The bridges being replaced as part of this project will improve the load bearing capacity and overall safety of this critical infrastructure.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Engineering and/or construction	500,000
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

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

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

Other (Please describe)

14. Is the project request an information technology project?

No

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?

No

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:

Timber Bridge Monitoring and inspection reports have been completed by an independent consultant

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): General public - the bridges service several public roadways

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		

<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	improve delivery of emergency services	measure/track first responder response times
<input checked="" type="checkbox"/> Improve transportation conditions	continued access and movement of agricultural and commercial traffic	avoid bridge closures and lengthy detours
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations	500,000	2.2%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	22,500,000	97.8%	Yes
5. Other:	0	0.0%	No
TOTAL	23,000,000	100%	

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

No

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Gator Canal Bridge Replacement; providing an
4 appropriation; providing an effective date.

5
6 Be It Enacted by the Legislature of the State of Florida:

7
8 Section 1. Gator Canal Bridge Replacement is an
9 Appropriations Project as defined in The Rules of The Florida
10 House of Representatives and is described in Appropriations
11 Project Request 40, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
13 of \$500,000 from the State Transportation (Primary) Trust Fund
14 is appropriated to the Department of Transportation to fund the
15 Gator Canal Bridge Replacement as described in Appropriations
16 Project Request 40. Notwithstanding any law to the contrary,
17 there shall be no recurring funding provided for this
18 Appropriations Project.

19 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Holocaust Documentation and Education Center
2. Date of Submission: 02/06/2017
3. House Member Sponsor: Joseph Geller
Members Copied: Evan Jenne, Jared Moskowitz

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:	A	B	C	D	E
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:	100,000	257,000	357,000	100,000	257,000	357,000

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 State**

6. Requester:

- a. Name: Rositta E. Kenigsberg
- b. Organization: Holocaust Documentation & Education Center, Inc.
- c. Email: rositta@hdec.org
- d. Phone #: (954)929-5690

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Rositta E. Kenigsberg
- b. Organization: Holocaust Documentation & Education Center, Inc.
- c. Email: rositta@hdec.org
- d. Phone #: (954)929-5690

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Fred Karlinsky
- b. Firm: Greenberg Traurig, LLP - PRO BONO, NO FEES CHARGED
- c. Email: karlinskyf@gtlaw.com
- d. Phone #: (954)768-8278

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Holocaust Documentation & Education Center, Inc.
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Martin, Miami-Dade, Monroe, Okeechobee, Palm Beach

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

To fund following Prejudice Reduction Anti-Bullying Educational Outreach Programs:

- ? Student Awareness Days (S.A.D.)
- ? Annual Visual/Arts and Writing Contests
- ? Simple Act of Kindness Contest
- ? Speakers Bureau
- ? Holocaust Railcar and U.S. Sherman Tank Tours

Impacting over 950,000 students in the Miami-Dade, Broward, Palm Beach, Monroe, & Martin Counties. These programs are all in compliance with Florida State Statue 1003.42, mandating Holocaust Education.

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:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	President of the HDEC oversees every aspect of the entire project. Director of Educational Outreach Implements all the above programs. This is a pro rata share of the total compensation attributable to these programs.	92,300
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Employee Health Insurance	4,800
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		

<input checked="" type="checkbox"/> e. Salaries and Benefits	Comptroller, Administrative Assistant, and Secretary assist in the coordination, accounting, planning and implementation of all the above described Educational Outreach Programs. This is the pro rata share of the total compensation attributable to these programs.	73,367
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Speaker's, USB's, Venue, Transportation, Printing, Equipment and Software, Office Supplies, Postage, Tours/Maintenance	73,833
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Photographer/Videographer, SAD Program Video Taping, DVD production, Public Relations, IT Consultants for: Website, Video Digitization, and Transcribing	112,700
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		357,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

No

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:

Miami Dade Public Schools, Broward County Public Schools, Hallandale High School, Miami Country Day School all submit letters of support to ensure the continuation of these prejudice reduction programs. In addition the Broward County Commission has given the HDEC a \$500K grant for capital improvements & additional support for these programs were allocated from JM Family Enterprises, Broward Jewish Federation, & the Archdiocese of Miami to cover additional costs not included in this appropriation

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

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Holocaust Survivors and Facilitators.

17b. How many in the target population are expected to be served?

0 < 25

- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Students are seated throughout the day with other students representing every race, color, religion, ethnic origin, including students at risk.	Excerpts from student evaluations: ?Today has been a very beautiful day with many experiences I will carry with me from now on.? These experiences ?will change my outlook in the world and continue to fill me with hope.?- Nicolle, 11th Flanagan High ?I think this activity is very important for our generation, since this will help us face the world with kindness and not hatred, so that we never ever let something like the Holocaust happen. Never Again!? - Ana, 9th Grade, Cypress Bay High
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Quality of education is improved by bringing to life what students read in their history books. By meeting a Holocaust Survivor and hearing their story students are exposed to the	Again we refer to the Student Evaluations. Please see another excerpt below this time taken from Miami Dade College student: ?Today?s Student Awareness day

	reality and evil of what hatred and prejudice can do. Students are also sensitized to the importance of standing up and speaking out in the face of adversity and injustice.	really opened my eyes to today?s society. I can?t believe how people treat one another and I will make sure to talk to others with more respect. - Caroline, Miami Dade College
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	One of the main speakers is a former skinhead who was recruited right in our community at Cooper City High School. She spent 3 years in Federal Prison and shares her compelling story with the students as to how and why she joined this radical group. After her incarceration she took it upon herself along with help from leadership at Broward College, to attend these Student Awareness Days, and eventually she became a speaker at these programs. She has greatly impacted 100's of students.	From student evaluations: "My favorite part was when Angela King spoke because it involves what I hear on a day to day basis" - Brook, 10th Gr, Monarch High "Today has opened my heart to becoming more aware of hatred and promote peace, love, and positivity." - Noribel, 12th Gr, Piper High School
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Tourist have stopped by from the Ft. Lauderdale Airport and Port Everglade to visit the Museum and requested immediate on-site tours. In addition these programs are a substantial public aid in attracting tourists and researchers from across the globe to make a point of visiting	We will be instituting sign in/comment sheets for future visitor-ship.

	our facility and learning more about our educational outreach.	
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	These anti bullying prejudice reduction programs have reduced recidivism as well as sensitized students to the implications and ramifications of hatred prejudice & intolerance. Angela King, a former skinhead, recruited in Cooper City High, focuses on her personal experiences of how hatred, & bullying led her to a violence hate and eventually federal prison. Her example truly impacts the student population and the teachers comment about the importance & significance of this part of the program.	Yet to be determined with assistance of teachers/faculty of schools and multi county area school boards.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Please see response above in "Reduce Recidivism" A few years ago, Miami-Dade judge adjudicated community service to four High School students who committed a hate crime and part of their service included attendance to our anti bullying anti hate Student Awareness Day programs, which this \$357K appropriation supports.	Please see response above in "Reduce Recidivism"

<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Compliance with the State of Florida Statute 1003.42 mandating Holocaust Education	For the past 33 years, school administrators and teachers strongly encourage participation amongst their students, especially because of all the bullying that is taking place in the schools today and because character education and learning to respect one another is such an important part of what our schools teach.	Students and Teacher evaluation / comment at end of program.

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?
1. Amount Requested from the State in this Appropriations Project Request:	357,000	88.1%	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:	48,000	11.9%	Yes
5. Other:	0	0.0%	No

TOTAL	405,000	100%	
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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?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 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
- <1M
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Florida Holocaust Documentation and Education Center;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Florida Holocaust Documentation and Education
 10 Center is an Appropriations Project as defined in The Rules of
 11 The Florida House of Representatives and is described in
 12 Appropriations Project Request 709, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$357,000 from the General Revenue Fund is appropriated to the
 16 Department of State to fund the Florida Holocaust Documentation
 17 and Education Center as described in Appropriations Project
 18 Request 709. Notwithstanding any law to the contrary, there
 19 shall be no recurring funding provided for this Appropriations
 20 Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: Design District Public Infrastructure Improvements
- 2. Date of Submission: 02/07/2017
- 3. House Member Sponsor: Jeanette Nunez
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: A	B	C	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:		750,000	750,000		1,000,000	1,000,000

- 5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 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 Economic Opportunity**

6. Requester:

- a. Name: Alex Schapiro
- b. Organization: City of Miami - Miami Design District
- c. Email: Alex@designdistrict.net
- d. Phone #: (305)531-8700

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Alex Schapiro
- b. Organization: City of Miami - Miami Design District
- c. Email: Alex@designdistrict.net
- d. Phone #: (305)531-8700

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Monica Rodriguez
- b. Firm: Ballard Partners
- c. Email: monica@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: City of Miami (Miami Design District)
- 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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

The goals for this funding is to provide infrastructure improvements that will assist with economic development.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Public Infrastructure Improvements	1,000,000
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

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:

City of Miami and Miami Dade County both support this project and provide matching funds.

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

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input checked="" type="checkbox"/> Improve transportation conditions	New Roadways	Examining whether construction will be complete
<input checked="" type="checkbox"/> Increase or improve economic activity	New Business	Identify new businesses opening adjacent to project
<input checked="" type="checkbox"/> Increase tourism	Sales Tax	Majority of shoppers in area are tourists
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction/New Business	Value of construction agreements. New construction.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations	1,000,000	50.0%	N/A

Project Request:			
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:	1,000,000	50.0%	Yes
TOTAL	2,000,000	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Design District Public Infrastructure Improvements;
 4 providing an appropriation; providing an effective
 5 date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Design District Public Infrastructure
 10 Improvements is an Appropriations Project as defined in The
 11 Rules of The Florida House of Representatives and is described
 12 in Appropriations Project Request 1051, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$1,000,000 from the General Revenue Fund is appropriated to
 16 the Department of Economic Opportunity to fund the Design
 17 District Public Infrastructure Improvements as described in
 18 Appropriations Project Request 1051. Notwithstanding any law to
 19 the contrary, there shall be no recurring funding provided for
 20 this Appropriations Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Camp Matecumbe Historic Chapel Restoration
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Jeanette Nunez
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:	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:	A	B	C	D	E
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:					275,000	275,000

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 State

6. Requester:

- a. Name: George Navarrete
- b. Organization: Miami-Dade County Parks, Recreation and Open Spaces Department
- c. Email: George.Navarrette@miamidade.gov
- d. Phone #: (305)755-7877

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: George Navarrete
- b. Organization: Miami-Dade County Parks, Recreation and Open Spaces Department
- c. Email: George.Navarrette@miamidade.gov
- d. Phone #: (305)755-7877

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Jose Diaz
- b. Firm: Robert M. Levy Associates
- c. Email: jdiazj@aol.com
- d. Phone #: (850)681-0254

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Miami-Dade County Parks, Recreation and Open Spaces Departme
- 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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

The funds will be used to renovate the historic chapel at Camp Matecumbe. The chapel will be used to house a permanent Pedro Pan exhibit. Operation Pedro Pan was a program that enabled Cuban parents to send their children to the United States unaccompanied between 1960 and 1962 to escape the communist regime that had taken control in Cuba and thus prevent their force indoctrination by means of educational and work and military training programs for minors.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	These funds will be used for renovating a historic chapel at Camp	275,000

	Matecumbe	
TOTAL		275,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

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:

Advertised community meeting held 4/10/07. Kendall Breeze Homeowners Association meeting held 1/24/07. Advertised public workshop held 5/17/06. Operation Pedro Pan Group, Inc., Board meeting interview held 9/22/06

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

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input checked="" type="checkbox"/> Improve physical health	Increased activity of residents living within 2/3 of a mile	Health Impact Assessment
<input checked="" type="checkbox"/> Improve mental health	Improved satisfaction with quality of life	Health Impact Assessment
<input checked="" type="checkbox"/> Enrich cultural experience	Events and curriculum regarding the Boystown pineland and Operation	Attendance and improved grades of students in impacted schools

	Pedro Pan history	
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Educational curriculum for impacted school	Improved grades of students at participating schools
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Restored pinedlands	Transect studies with the Environmentally Endangered Lands (EEL) program
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Visitors / tourists to trail and destination parks	Event registrations from tourists and data from PROS Eco Adventures program
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		

<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	275,000	5.8%	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:	4,500,000	94.2%	Yes
5. Other:	0	0.0%	No
TOTAL	4,775,000	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?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 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

<1M

1-2M

>2-3M

>3-10M

>10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Camp Matecumbe Historic Chapel Restoration; providing
 4 an appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Camp Matecumbe Historic Chapel Restoration is
 9 an Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 1099, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$275,000 from the General Revenue Fund is appropriated to the
 14 Department of State to fund the Camp Matecumbe Historic Chapel
 15 Restoration as described in Appropriations Project Request 1099.
 16 Notwithstanding any law to the contrary, there shall be no
 17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Beulah Interchange at I-10 & Infrastructure
2. Date of Submission: 02/03/2017
3. House Member Sponsor: Frank White
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:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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.)</i>		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(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.)</i>
Input Amounts:					700,000	700,000

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 Transportation**

6. Requester:

- a. Name: Jack Brown
- b. Organization: Escambia County FL Board of County Commissioners
- c. Email: jrbrown@myescambia.com
- d. Phone #: (850)595-4947

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: David Forte
- b. Organization: Escambia County FL Board of County Commissioners
- c. Email: dvforte@myescambia.com
- d. Phone #: (850)595-3404

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Richard Gentry
- b. Firm: N/A
- c. Email: rgentry@comcast.net
- d. Phone #: (850)251-1837

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Escambia County FL Board of County Commissioners
- b. County (County where funds are to be expended): Escambia
- c. Service Area (Counties being served by the service(s) provided with funding): Escambia

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

This needed transportation project will advance the design phase for the interchange that is expected to be constructed along I-10 within the vicinity of CR99 (Beulah Road). The County is currently conducting a Corridor Feasibility Study for a new roadway connection from US90A (Nine Mile Road) north to US29, with the interchange at I-10. The project will serve as a hurricane evacuation route, relieve congestion on I-10 and US 29, and provide needed economic opportunities.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	The County's existing engineering consultant, Atkins Global, Inc. will be	700,000

	tasked to design and permit the proposed interchange and respective infrastructure	
TOTAL		700,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

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, the interchange project is ranked #2 on the FL-AL TPO SIS Project Priorities, and the roadway is ranked #14 (US 29 Connector) of the FL-AL (I-10 Interchange)

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

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Serve all citizens and provide economic benefit to a wide variety of constituents

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	The US 29 Connector will provide an additional Hurricane Evacuation Route, and limited access corridor to safely and functionally move people, goods and services.	N/A
<input checked="" type="checkbox"/> Increase or improve economic activity	Short term job creation for the construction of the interchange and roadway connector, as well as long term job creation for the economic and social growth of the area	N/A
<input checked="" type="checkbox"/> Increase tourism	Indirectly because the interchange and roadway will provide another transportation corridor for tourists to access a variety of local destinations within the region.	N/A
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction of the interchange and infrastructure to support will create short term employment. Development of the Escambia County Sector Plan, including its Industrial lands, will create long term benefits	N/A
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		

<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input checked="" type="checkbox"/> Improve stormwater management	A storm water management system will be part of the project to reduce existing peak runoff from the area.	N/A
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	A storm water management system will be designed to maintain or improve the water quality that is leaving the site.	N/A
<input type="checkbox"/> 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?
1. Amount Requested from the State in this Appropriations Project Request:	700,000	33.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	700,000	33.3%	No
4. Local:	700,000	33.3%	Yes

5. Other:	0	0.0%	No
TOTAL	2,100,000	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?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 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
- <1M
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Beulah Interchange at I-10 & Infrastructure; providing
 4 an appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Beulah Interchange at I-10 & Infrastructure is
 9 an Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 592, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$700,000 from the State Transportation (Primary) Trust Fund
 14 is appropriated to the Department of Transportation to fund the
 15 Beulah Interchange at I-10 & Infrastructure as described in
 16 Appropriations Project Request 592. Notwithstanding any law to
 17 the contrary, there shall be no recurring funding provided for
 18 this Appropriations Project.

19 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: General Bernardo de Galvez Monument Project
2. Date of Submission: 02/02/2017
3. House Member Sponsor: Frank White
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:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(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 .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(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.)</i>
Input Amounts:					100,000	100,000

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 State

6. Requester:

- a. Name: B.J. Green
- b. Organization: Pensacola Heritage Foundation
- c. Email: bjimgreen@aol.com
- d. Phone #: (850)380-8353

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: B.J. Green
- b. Organization: Pensacola Heritage Foundation
- c. Email: bjimgreen@aol.com
- d. Phone #: (850)380-8353

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: Pensacola Heritage Foundation
- b. County (County where funds are to be expended): Escambia
- c. Service Area (Counties being served by the service(s) provided with funding): Escambia, Okaloosa, Santa Rosa

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

The grant will enable the completion of a life-size bronze equestrian statue of General Bernado De Galvez in downtown Pensacola. Galvez is being recognized for his vital role in the history of Pensacola, the Gulf Coast and the American Revolution. The siege of Pensacola in 1781 was the longest battle in the American Revolution. Galvez was recognized as an "Honorary Floridian" in 2012, and was made an "Honorary Citizen of the United States "in 2015 (only seventh to be recognized).

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction	100,000
TOTAL		100,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)
- For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Government (e.g., police, fire or local government buildings, local roads, etc.)
 - State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
 - Other (Please describe)

14. Is the project request an information technology project?
No

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:

The Escambia county commissioners have given 50,000; City of Pensacola has granted the project \$100,000, local citizens have pledged \$175,000. Letters of support from Mayor Hayward, President of Fiesta Five Flags Association Mort O'Sullivan, and numerous articles of support in the Pensacola News Journal

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?
No

17. Will the requested funds be used directly for services to citizens?
Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Tourists

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	N/A	N/A
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	70,600 students in the area	50% of this group to visit historic district according to UWF tourist

		surveys
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Increased levels of tourism in the area	Tourist data collected by state studies
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Adult Leisure Activities	78% of Adult Leisure Travelers seek Cultural Heritage activities; 58% want an Educational Experience	N/A

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?
1. Amount Requested from the State in this Appropriations Project Request:	100,000	25.0%	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:	150,000	37.5%	Yes
5. Other:	150,000	37.5%	Yes
TOTAL	400,000	100%	

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

No

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 General Bernardo de Galvez Monument Project; providing
4 an appropriation; providing an effective date.

5
6 Be It Enacted by the Legislature of the State of Florida:

7
8 Section 1. General Bernardo de Galvez Monument Project is
9 an Appropriations Project as defined in The Rules of The Florida
10 House of Representatives and is described in Appropriations
11 Project Request 370, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
13 of \$100,000 from the General Revenue Fund is appropriated to the
14 Department of State to fund the General Bernardo de Galvez
15 Monument Project as described in Appropriations Project Request
16 370. Notwithstanding any law to the contrary, there shall be no
17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.