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

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Haitian American Community</u>

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Barbara Watson

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:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request  (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					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 Education

- 6. Requester:
  - a. Name: Daniel Eugene
  - b. Organization: <u>HALEC/Haitian American Leadership & Empowement Consortium</u>
  - c. Email: <a href="mailto:Dheugene@vhad.org">Dheugene@vhad.org</a>
    d. Phone #: (561)703-0967
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: Daniel Eugene
  - b. Organization: HALEC/Haitian American Leadership & Empowement Consortium
  - c. Email: <a href="mailto:Dheugene@vhad.org">Dheugene@vhad.org</a>
  - d. Phone #: (561)703-0967
- 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: HALEC/Haitian American Leadership & Empowement Consortium
  - b. County (County where funds are to be expended): Miami-Dade
  - c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade
- 10. What type of organization is the entity that will receive the funds? (Select one)
  - O For Profit

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

O University or Co	llege
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O Other (Please describe)

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

After school tutoring for underprivileged middle and high school to improve language and science scores | Increase the number of High School graduates and College and vocational enrollment | Curbing juvenile delinquency/workforce financial skills and preparations for young graduates/pre-college enrollment counseling including FAFSA.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
☑a. Executive Director/Project Head Salary and Benefits	A comparative based salary for the Executive Director	50,000
☑b. Other Salary and Benefits	Co-Director Salary	40,000
☑c. Expense/Equipment/Travel/Supplies/Other	Rent; Electricity; Phone; Office supplies; seminars	50,000
☑d. Consultants/Contracted Services/Study	Attorney; Contracted tutoring services	100,000
Operational Costs:		
☑e. Salaries and Benefits	Tutors x 10, Secretary, Social Worker, Paralegal	150,000
☑f. Expenses/Equipment/Travel/Supplies/Other	Desks; desktops; tables; printers	20,000
☑g. Consultants/Contracted Services/Study	Network/Media Communication	90,000
Fixed Capital Construction/Major Renovation:		

☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000
3. For the Fixed Capital Costs requested with this issue, what ty ixed Capital Outlay? was not selected, question 13 is not applica N/A	•	when complete? (In Question 12, if ?
<ol> <li>Is the project request an information technology project?</li> <li>No</li> </ol>		
5. Is there any documented show of support for the requested rganizational backing, or other expressions of support? <u>No</u>	project in the community including publi	c hearings, letters of support, major
<ol> <li>Has the need for the funds been documented by a study, cor <u>No</u></li> </ol>	npleted by an independent 3rd party, for	the area to be served?
7. Will the requested funds be used directly for services to citize Yes	ens?	
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	Dogo 4 of 0	

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

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
☑Improve physical health	Promoting exercise and better eating habits.	Keep a registry and follow-up
□Improve mental health		
☑Enrich cultural experience	Cultural programs promotion	Increase in number of participants
□Improve agricultural production/promotion/education		
☑Improve quality of education	Increase interest in Math and Language	Score improvement
□Enhance/preserve/improve environmental or fish and wildlife quality		
☑Protect the general public from harm (environmental, criminal, etc.)	Better citizenship education	Diverting the youth from gang related activities
□Improve transportation conditions		

☑Increase or improve economic activity	Job opportunities for students and others	Having 20 additional positions
□Increase tourism		
☑Create specific immediate job opportunities	Opportunities for professional teachers and college students for 1/1 direct assistance.	Increase student confidence
☑Enhance specific individual?s economic self sufficiency	Jobs skills training; direct assistance for job placement	Getting people employed; help them off welfare
☑Reduce recidivism	Joint event with the local police department	Reducing free time from the youth to replace by productive activities
☑Reduce substance abuse	Drug Usage awareness campaign	Statistical data review and survey
☑Divert from Criminal/Juvenile justice system	Structured program to keep youth busy	Statistical data review and survey
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□Other (Please describe):		

19. Provide the total cost of the project for FY 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	100.0%	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:	0	0.0%	No
TOTAL	500,000	100%	

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

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

Oongoing activity ? no total cost

O<1M

O1-2M

O>2-3M

O>3-10M