Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Florida China Association</u>
2. Date of Submission: <u>02/03/2017</u>
3. House Member Sponsor: <u>David Santiago</u>
   Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

    a.   Has funding been provided in a previous state budget for this activity?   <u>Yes</u>

       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? <u>> 5 years</u>

    c.   Were the funds provided in the most recent fiscal year subsequently vetoed? <u>No</u>

    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:					100,000	100,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? <u>No</u>

    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: Dave Woodward
    b. Organization: Southeast US/Japan Association
    c. Email: dwoodward@fl-seusjapan.org
    d. Phone #: (305)962-9066

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
    a. Name: Dave Woodward
    b. Organization: Southeast US/Japan Association
    c. Email: dwoodward@fl-seusjapan.org
    d. Phone #: (305)962-9066

8. If there is a registered lobbyist, fill out the lobbyist information below.
    a. Name: Jerry McDaniel
    b. Firm: Southern Strategy Group
    c. Email: mcdaniel@sostrategy.com
    d. Phone #: (850)566-6068

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
    a. Name: Florida-China Association, Inc.
    b. County (County where funds are to be expended): Miami-Dade
    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) <u>501 (c) (6)</u>

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

The Florida-China Association, Inc. is Florida's leading private, non-profit organization dedicated to the promotion of investment, trade, tourism, education and cultural ties between Floirda and Greater China. Beyond trade missions to China, these funds will facilitate planning, organization and the conduct of programs and events statewide to carry out its core mission.

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	Salary and Pension Contribution	39,600
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	Part-time office support staff	10,400
☑f. Expenses/Equipment/Travel/Supplies/Other	Conferences, convention and meetings; office supplies, travel, telephone, fax, internet, printing	45,000
☑g. Consultants/Contracted Services/Study	professional fees laborers/contractors (web design, IT/office equipment maintenance, graphics)	5,000
Fixed Capital Construction/Major Renovation:		

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☐h. Construction/Renovation/Land/Planning Engineering		
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)

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:

Enterprise Florida, Florida Department of State, Florida Chamber, Regional EDO's such as Beacon Council, Jacksonville Chamber, Greater Miami Chamber, City of Doral. Key corporate sponsors such as Holland & Knight and Office Depot.

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
☐Improve physical health		
☐Improve mental health		
☑Enrich cultural experience	New Chinese Investments	expansion and new cultural exchange programs

☐Improve agricultural production/promotion/education		
☐Improve quality of education		
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☑Increase or improve economic activity	New Chinese Investments	expand trade and business ties with China
☑Increase tourism	New Chinese Investments	Promotion of Florida as great tourist destination. Direct air service to and from China leading to increased tourism numbers
☑Create specific immediate job opportunities	New Chinese Investments	Increased Chinese FDI in Florida to expand and open new facilities creating jobs through FCA programs, events, activities, events, missions and receiving high level Chinese business delegations.
☐Enhance specific individual?s economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		
☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		

☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		
☐Other (Please describe):		

19. Provide the total cost of the project for FY 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	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	100,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
<u>Yes</u>

    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?

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○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