

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Mourning Family Foundation, Inc.

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Daniel Perez

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		500,000	500,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Education

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Full restitution of amount awarded

6. Requester:

- a. Name: Bill Diggs
- b. Organization: Mourning Family Foundation, Inc.
- c. Email: bdiggs@mourningfamilyfoundation.org
- d. Phone #: (305)476-0095

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

- a. Name: Bill Diggs
- b. Organization: Mourning Family Foundation, Inc.
- c. Email: bdiggs@mourningfamilyfoundation.org
- d. Phone #: (305)476-0095

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

- a. Name: Ronald Book
- b. Firm: Ronald L. Book, P.A.
- c. Email: ron@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: Mourning Family Foundation, 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): 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?

Mourning Family Foundation supports two college readiness/mentoring programs for K-12 students: the Overtown Youth Center and the girls focused program, Honey Shine. Services include mentoring, bi-monthly workshops, in- and after- school program, and six to eight week summer services, providing a year- round program of academic support, enrichment, recreational, STEM and exposure activities.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Grant Compliance Officer, Program Managers, Fringe Benefits	178,667
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Professional Development Training, Travel and Supplies	14,088
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Audit Services	9,675
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program Coordinators, Certified Teachers, Enrichment Instructors, Parent Coordinators, Fringe Benefits	434,477
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program Office & Supplies , >5% of Program Occupancy Costs, Transportation, College Tours, etc.	310,880
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Talent 4 Change, Dibia, Nutty Scientist, College Prep Program, External evaluator	52,213

Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction and expansion of the Overtown Youth Center to increase our capacity to serve 5,500 youth and families using this newly renovated facility as the main hub that will deploy staff and services.	0
TOTAL		1,000,000

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

- ☐ 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?

No

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Mourning Family Foundation aims to more effectively serve the youth of Miami- Dade County by expanding its college readiness programming to serve more youth, include more intensive career exploration, improve student achievement and make a greater impact by beginning the college preparation process earlier.

17b. Describe the direct services to be provided to the citizens by the funding requested.

In-school service coordinators provide individual case management-daily monitoring, counseling, advocacy, case notes completion. Student report cards are collected from the Miami- Dade County Public Schools to monitor the progress of the students in Reading, Math and Science content areas. The Individual Success Plan (ISP) is for goal- setting and career planning 4 times per year. College & Career Readiness workshops are provided on a weekly basis to engage high school students in their preparat

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- ☐ Elderly persons
- ☐ Persons with poor mental health
- ☐ Persons with poor physical health
- ☐ Jobless persons
- ☐ Economically disadvantaged persons
- ☒ At-risk youth
- ☐ Homeless
- ☐ Developmentally disabled
- ☐ Physically disabled
- ☐ Drug users (in health services)
- ☐ Preschool students
- ☒ Grade school students
- ☒ High school students
- ☐ University/college students
- ☐ Currently or formerly incarcerated persons
- ☐ Drug offenders (in criminal Justice)
- ☐ Victims of crime
- ☐ General (The majority of the funds will benefit no specific group)
- ☐ Other (Please describe)

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

- ☐ < 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 each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	PACER (Progressive Cardiovascular Endurance Run)	Assesses youth agility and strength using the test 3 times per year to measure the student's growth/ gains
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Exposure trips & Enhancement classes	OYC provides enhancement classes, exposure field trips (museums, historical sites and other cultural venues) and college- focused activities (trips/tours, workshops, guest speakers
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	The Individual Success Plan (ISP) / Oral Reading Fluency / Report Cards	In- school service coordinators provide individual case management ? daily monitoring, counseling, advocacy, case notes completion. Student report cards are collected from the Miami- Dade County Public Schools to monitor the progress of the students in Reading, Math and Science content areas. The Individual Success Plan (ISP) is for goal- setting and career planning 4 times per year. Oral Reading

		Fluency (ORF) test for reading proficiencies 3 times per year.
<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 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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of
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			funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	37.0%	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:	700,000	25.9%	Yes
5. Other:	1,000,000	37.0%	Yes
TOTAL	2,700,000	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 2018-19 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

- ☐ 1-3M
- ☐ >3-10M
- ☐ >10M