

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida State Minority Supplier Development Council MBDA Centers

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Bruce Antone

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, Col. E***

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:

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:					600,000	600,000

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 Management Services

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

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

There are no penalties.

6. Requester:

- a. Name: Beatrice Louissaint
- b. Organization: Florida State Minority Supplier Development Council
- c. Email: beatrice@fmsmdc.org
- d. Phone #: (305)762-6151

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

- a. Name: Lucy Moore
- b. Organization: Florida State Minority Supplier Development Council
- c. Email: lucy@fmsmdc.org
- d. Phone #: (305)762-6151

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

- a. Name: David Ash
- b. Firm: DLA Consulting, LLC
- c. Email: david@dlaconsultingllc.com
- d. Phone #: (850)251-0985

9. Organization or Name of entity receiving funds:

- a. Name: Florida State Minority Supplier Development Council
- b. County (County where funds are to be expended): Miami-Dade, Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade, Orange

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 funding will assist FSMSDC to serve more minority businesses in all counties across the State of Florida. The services that will be provided include technical assistance, bid and proposal preparation, access to capital and bonds, export assistance and training. The minority businesses assisted will create more jobs, pay more taxes and support local communities where they are domiciled.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Executive Directors for two statewide centers	100,000
<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	8 Business Consultants, Office Administrator	400,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office supplies, travel expense, event & workshop costs, marketing, equipment and printing	80,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Impact Study	20,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		600,000

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)

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?

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?

Business Expo, workshops and seminars

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

Procurement & Contracting Leads, Matchmaking, Bidding, Bonding and Financing Assistance for MILLION dollar transactions/projects, proposal writing assistance, export financing, market feasibility studies business seminars & workshops, marketing plans, business plans and consulting.

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): Minority Business Owners

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 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 type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	he goal is the help minority businesses with more than \$270 million in transactions, \$200 million in procurement transactions and \$70 million in financing. Also, we will create more than 1,000 new jobs and retain more than 7,000 jobs.	We will track the number of jobs created and retained and the dollar amount of transactions including procurement and financial transactions.
<input checked="" type="checkbox"/> Increase tourism	he MBDA national training conference will be held in Florida and the conference will bring more than 300 guests to the state.	The MBDA national training conference will be held in Florida and the conference will bring more than 300 guests to the state.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Also, we will create more than 1,000 new jobs and retain more than 7,000 jobs.	We will track the number of jobs created and retained.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Many of our minority businesses hire people who have been part of the prison system and hire hard to place individuals in their companies. Also, they hire from low income communities.	We will track the number of hires in low income communities and the number of hires who preciously have been part of the criminal justice system.
<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 funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	600,000	50.6%	N/A
2. Federal:	586,000	49.4%	Yes
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
<b>TOTAL</b>	<b>1,186,000</b>	<b>100%</b>	

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