

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Moore Mickens Education and Vocational Center (MMEVC)

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Daniel Burgess

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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*
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					335,470	335,470

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.

Funding for initial start-up staffing could be delayed or terminated.

6. Requester:

- a. Name: Marilyn Hunter
- b. Organization: Moore Mickens Education and Vocational Center
- c. Email: mmoremickens.evc@gmail.com
- d. Phone #: (352)807-5691

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

- a. Name: Marilyn Hunter
- b. Organization: Moore Mickens Education and Vocational Center
- c. Email: mmoremickens.evc@gmail.com
- d. Phone #: (352)807-5691

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Moore Mickens Educational and Vocational Center
- b. County (County where funds are to be expended): Pasco
- c. Service Area (Counties being served by the service(s) provided with funding): Pasco

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?

MMEVC plans to operate a comprehensive early childhood and community full service learning center that includes: Voluntary Pre-kindergarten program to enhance pre-reading, math, language and social skills to promote success in school; a charter school beginning with K-2 grades tailored to needs of the community; K-12 tutoring services to improve academic skills and build self-esteem; and over time, vocational training to ready the workforce for new employment opportunities.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) 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 checked="" type="checkbox"/> e. Salaries and Benefits	Initial start-up staffing and project management/coordination	99,870
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Equipment and furniture to operationalize phase 1 programming	49,800
<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 design work; renovation of five buildings to operationalize phase 1 programming. Note: MMEVC incurred damage from	185,800

	Hurricane Irma affecting siding from the Administration building, fence damage in four places, and fallen signs and limbs.	
TOTAL		335,470

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?

Yes

15a. Please Describe:

There has been 3 years of planning around this project. A coalition of community organizations as well as elected officials have held extensive meetings around the use of the property. The school district has given a 30-year lease of the property to the organization for \$10/year to support this effort.

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:

The city has developed neighborhood plans that documented the conditions of the neighborhood. Dade City Florida, Neighborhood Plan 2.0

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?

After the building are completed, education services and support will be provided to the communities with the largest at-risk populations in eastern Pasco. This includes a pre-kindergarten program developed with leading researchers on early childhood development; a K-2nd grade charter school,

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

the work will be primarily building out and updating the buildings for use for the education initiatives. In this phase, we will hire people who are currently jobless as part of the team to rehab the buildings.

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 type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Engagement with creative arts	Attendance and participation
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	A year after the programs start we will be able to collect the data on student improvement from the PreK, the K-2; and the tutoring programs	We will use standardized assessments that will allow for relative (improvement and criterion referenced (grade-level) comparisons.
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	As part of the build out, we will hire jobless individuals	The number of persons hired, rate of pay and total wages paid.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	This will be part of the build out and wages paid to jobless individuals	The number of persons hired, the rate of pay, and the total wages paid.
<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 funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	335,470	91.8%	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:	0	0.0%	No
5. Other:	30,000	8.2%	Yes
<b>TOTAL</b>	<b>365,470</b>	<b>100%</b>	

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

No