

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Business & Leadership Institute for Early Learning Business Technical Assistance, On Line Training and Curriculum Content

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Brad Drake

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. 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
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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:		200,000	200,000		400,000	400,000

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.

TBD

6. Requester:

- a. Name: Robin Fern Perlman
- b. Organization: Business & Leadership Institute for Early Learning
- c. Email: rfp921@aol.com
- d. Phone #: (305)725-4777

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

- a. Name: Robin Fern Perlman
- b. Organization: Business & Leadership Institute for Early Learning
- c. Email: rfp921@aol.com
- d. Phone #: (305)725-4777

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

- a. Name: Jodie Davidson
- b. Firm: Colodny Fass
- c. Email: jdavidson@colodnyfass.com
- d. Phone #: (954)492-4010

9. Organization or Name of entity receiving funds:

- a. Name: Business & Leadership Institute for Early Learning
- b. County (County where funds are to be expended): Statewide
- 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)

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

Expansion of childcare industry business development on-site regional workshops and on-line training program for State of Florida. Focus on capacity to create additional revenue through sustainable business models where funds are used to ensure the provision of quality early learning education and childcare. Program takes into account current and future market forces as related to populations served and the owner/operator's business acumen.

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	Oversight of program design, development and implementation; community partnerships, assessment and reporting	54,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Payroll Expense, Health Insurance	13,513
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Supplies, pre-program travel, airfare, hotel, meals, car rental	15,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Recruitment of business facilitators, workshop participants, marketing and communications, development of on-line instructional materials and on-line platform	65,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Workspace and food for 3 regional business workshop sites; implementation of program, on-line and program marketing, CEU	67,330

	administration and processing, travel for workshops including airfare, car rental, meals	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Program coordinator for on-sight regional workshops and on-line platform development; mentors for workshops; professional service fees; curriculum content translation and design to on-line format; hosting of courses on-line learning platform; course facilitators	185,157
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

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?

Yes

15a. Please Describe:

Project currently financially supported in Broward County by Broward County, The Early Learning Coalition of Broward and Nova University. In Miami Dade support is by The Children's Trust, Florida International University, The Early Learning Coalition of Dade County and Wells Fargo. In Orange County the program is supported by The Early Learning Coalition of Orange County. In each of these counties corporate representatives facilitate each workshop include Wells Fargo, Peyton Bolin, TERG, JLL

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:

According to the Florida Statewide Early Childcare Education Workforce Study 2013 the 2nd highest ranking professional development request for childcare owners and administrators is business management and leadership with respondents noting they would like trainings to be in "an atmosphere for networking and sharing."

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?

Regional workshops; on-line curriculum; mentor partnerships; business consultation coordination upon completion of course with SCORE, SBDC and Prospera

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

Regional business training workshops; on-line business training; mentorship, peer-to-peer networking. Access to continued business consultation focused solely on the business of operating quality childcare centers or home-based businesses in Florida. Direct interaction with leading corporate representatives who are subject matter experts.

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): Owners/operators or those plan to own or administer a childcare center or homebased business

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 checked="" type="checkbox"/> Improve quality of education	Developing business skills to create revenue to reinvest in materials, accreditations, salaries, professional development and other areas need to improve quality of education and care.	Pre and post tests for curriculum; outcomes assessment study
<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	A robust business will have funds to retain and recruit new employees, increase salaries and benefits, purchase additional learning materials, expand business to provide quality experiences for children of working parents	A one-two year outcomes assessment on business growth
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Increase enrollment or program expansion necessitating the hiring of more teachers, raising salaries	A one- two year outcomes assessment on business growth
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Ability to draft a budget and manage available funds more efficiently. Owner ability to take a salary or grow their salary or profits, pay for social security, own rather than rent their real estate in which they operate business, acquire new capital	A one-two year outcomes assessment on business growth
<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:	400,000	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%	Yes
5. Other:	0	0.0%	Yes
TOTAL	400,000	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