Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Social-Emotional English Language Arts Curriculum - Middle Schools

2. Date of Submission: <u>11/14/2017</u>3. House Member Sponsor: Cord Byrd

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.)			(Reque	Develop New Funds Request for FY 2018-19 sts for additional RECURRING funds a	re prohibited.)
Column:	Α	В	С	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:					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.
 - to follow850892

6. Requester: a. Name: Russel Hughes b. Organization: Superintendent Walton County Schools c. Email: hughes@walton.k12.fl.us d. Phone #: (850)892-1100
 7. Contact for questions about specific technical or financial details about the project: a. Name: Allen Burgtorf b. Organization: Ohana Solutions c. Email: aburgtorf@gmail.com d. Phone #: (850)708-2216
 8. Is there a registered lobbyist working to secure funding for this project? a. Name: Ron Greenstein b. Firm: none c. Email: rgreen2502@gmail.com d. Phone #: (850)610-7745
 9. Organization or Name of entity receiving funds: a. Name: Ohana Solutions b. County (County where funds are to be expended): Collier, Duval, Walton c. Service Area (Counties being served by the service(s) provided with funding): Collier, Duval, Walton
 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?

Creation of a novel form of curriculum that will address Social-Emotional Learning in the context of English Language Arts (ELA) standards.

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:		
□a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
☑c. Expense/Equipment/Travel/Supplies/Other	Regular and usual administration, equipment, and travel costs asscociated with curriculum development.	150,000
☑d. Consultants/Contracted Services/Study	Professional services associated with creation of curriculum and course content.	850,000
Operational Costs:		
□e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership I the facility be under when complete? (Select one correct option) N/A
Is the project request an information technology project? No
Is there any documented show of support for the requested project in the community including public hearings, letters of support, major ganizational backing, or other expressions of support? No
Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No
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? Curriculum will combine ELA academic proficiences with social-emotional competencies enabling participating students to build life-long skills the
17b. Describe the direct services to be provided to the citizens by the funding requested. Curriculum will combine ELA academic proficiences with social-emotional competencies enabling participating students to build life-long skills the
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)
1	.7d. How many in the target population are expected to be served?
	O< 25
	O25-50
	O51-100
	O101-200
	O201-400
	O401-800
	© >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
□Improve physical health		
☑Improve mental health	When schools implement high-quality SEL progrms and approaches effectively, academic achievement of children increases, incidence of problem behaviors decreases, and the climate of classrooms and schools changes for the better.	Student's academic performance will improve as measured by standard classroom grading on coursework and standardized testing.
□Enrich cultural experience		

When schools implement high-quality SEL programs and approaches effectively, the climate of classrooms and schools changes for the better.	Overall school academic performance will improve as measured by school grades.
	effectively, the climate of classrooms

	□Other (Please describe):			
19.	Provide the total cost of the project for FY 2018-19 from all so	ources of funding (Enter "0	" if amount is zero):	
	Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations Project Request:	1,000,000	100.0%	N/A
2. Federal:	0	0.0%	No
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	1,000,000	100%	

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

20a.	How much state fund	ing would be requi	ested after 2018-19	over the next 5	vears?
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O<1M

O1-3M

⊙>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

O2 years

⊙3 years

O4 years

O>= 5 years

20c. What is the total project co	st 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".

Oongoing activity – no total cost

O<1M

O1-3M

⊙>3-10M

O>10M