

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Linking Educational Assets for Readiness Now (LEARN)

2. Date of Submission: 11/07/2017

3. House Member Sponsor: Wengay Newton

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> | Additional Nonrecurring Request | TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts: | | | | | 309,000 | 309,000 |

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.

No payment will be made to contractors failing to meet deliverables

6. Requester:

- a. Name: Mary Glass
- b. Organization: Manatee Education Foundation
- c. Email: glassm@manateeschools.net
- d. Phone #: (941)251-4937

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

- a. Name: Jeff Rodgers
- b. Organization: South Florida Museum
- c. Email: jrodgers@southfloridamuseum.org
- d. Phone #: (941)521-1709

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

- a. Name: Greg Black
- b. Firm: Gunster
- c. Email: gblack@gunster.com
- d. Phone #: (850)521-1709

9. Organization or Name of entity receiving funds:

- a. Name: Manatee Education Foundation
- b. County (County where funds are to be expended): Manatee
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Manatee, Polk, Sarasota

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 goal of the LEARN initiative is to establish a collaborative, county-wide network of early learning resources. Funding will allow the Manatee Early Learning Coalition, School District of Manatee County, South Florida Museum, and Manatee Education Foundation to develop, coordinate, and deliver an integrated continuum of educational programs for the county's underserved Pre-K through Grade 2 students, families and educators.

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 type="checkbox"/> b. Other Salary and Benefits | | |
| <input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | | |
| <input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study | Manatee Education Foundation Fund Administration | 9,000 |
| Operational Costs: | | |
| <input checked="" type="checkbox"/> e. Salaries and Benefits | Full-time Program Coordinator- \$55,000 Part-Time Program Assistant- \$27,500 Custodian for SFM VPK- \$15,000 Education Workshop Stipends- \$7,500 | 105,000 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | STEAM Machine outreach extension materials- \$10,000 Educator/Parent Workshop Supplies- \$5,000 SFM VPK Family Memberships- \$2,500 | 17,500 |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study | SFM MBU admissions + transportation for Title 1 - \$65,000 | 177,500 |

| | | |
|---|--|----------------|
| | ELC Community Outreach at SFM - \$32,000 SOAR in 4 expansion - \$33,000 Educator and Parental Development Workshops - \$27,500 Community Family Nights - \$20,000 | |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 309,000 |

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:

October 3, 2017 meeting of Manatee Early Learning Community Task Force and Manatee Education Foundation, where it was agreed that the Manatee Early Learning Coalition, School District of Manatee County, South Florida Museum, and Manatee Education Foundation would collaborate on this project. Letters of support from each organization available upon request.

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?

Educational programs for Pre-K - Grade 2 students, their families, and educators

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

Early Learning Coalition (ELC) and South Florida Museum (SFM) collaborate on development and expansion of STEAM Machine outreach and extension

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 | School-based and Community Family Nights at SFM for Title 1 and underserved schools enables access to museum and educational programs for communities not traditionally engaged with the museum | Number of people served; survey determining first time visitors to museum; evaluation of educational/cultural value of experience |
| <input checked="" type="checkbox"/> Improve agricultural production/promotion/education | SFM's Mosaic Backyard Universe/North End Education Complex will hold planting and horticulture workshops for students and families | Number of participants; grade level of participants, evaluation of insights/understandings gained |
| <input checked="" type="checkbox"/> Improve quality of education | Developing new programs at SFM and integrating with existing early learning resources developed by ELC and SDMC to create a continuum of educational opportunities for students in PK-2 and their families. | Use Manatee ELC/SDMC "Universal Identifier" to track the number of programs each child participates in; longitudinal study of correlation between program participation/academic achievement |
| <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 | Three new jobs created: Full-time Program Coordinator Part-time Program Assistant Part-time Custodial Assistant | Document new hires |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency | | |
| <input type="checkbox"/> Reduce recidivism | | |
| <input type="checkbox"/> Reduce substance abuse | | |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | Engage PK-2 students, families and educators in programs designed to promote grade level proficiency by Grade 3, which is a known predictor of academic success and high school graduation | Use ELC/SDMC "Universal Identifier" to track student achievement and correlate to LEARN program participation |
| <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: | 309,000 | 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% | No |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 309,000 | 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