Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Fiesta de Pueblo Multi-Cultural Community Resource Center

2. Date of Submission: <u>11/14/2017</u>

3. House Member Sponsor: Lori Berman

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 (Requests for additional RECURRING funds are 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:					1,145,000	1,145,000	

- 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 Economic Opportunity
 - 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.

Immediate discontinuance of state funding.

6. Requester: a. Name: Juan Pagan b. Organization: Fiesta de Pueblo, Inc. c. Email: paganjj1@aol.com d. Phone #: (561)602-8525
 7. Contact for questions about specific technical or financial details about the project: a. Name: Santos Arroyo b. Organization: Puerto Rican Hispanic Chamber of Commerce for Palm Beach County c. Email: Info@PRHChamber.com d. Phone #: (561)889-6527
 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: Fiesta de Pueblo, Inc. b. County (County where funds are to be expended): Palm Beach c. Service Area (Counties being served by the service(s) provided with funding): Broward, Glades, Hendry, Martin, Palm Beach, St. Lucie
 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?

To serve as multi-language community resource center to assist families and businesses affected by Natural Disasters with shelter, food, and guidance on how to find jobs, healthcare, housing and financial assistance. To aid the government as a long term donations drop off and volunteers coordination center for relief efforts implementation.

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	Will be responsible for the daily operation, management and accounting of the center. Also will coordinate relief efforts with the key governmental agencies for disasters relief plan implementation.	50,000
☑b. Other Salary and Benefits	Will assist the Executive Director answering phone calls and attending patrons looking for assistance on a daily basis at the center. Help with records management and filing.	25,000
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
□e. Salaries and Benefits		
☑f. Expenses/Equipment/Travel/Supplies/Other	Computers, Telephones, Office supplies, Utilities	70,000

☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Land acquisition for the construction of a Category 5 Hurricane resistant building in Palm Beach County.	1,000,000
TOTAL		1,145,000

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)

OFor Profit

⊙Non Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

14. Is the project request an information technology project?

<u>No</u>

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?

<u>Yes</u>

15a. Please Describe:

United Way of Palm Beach County, Palm Beach County Commissioner Dave Kerner, PBSO Colonel Antonio Araujo Jr., Jewish Federation of Palm Beach County, Senator Bill Nelson, PBSO Chief Michael Gauger, Gulfstream Goodwill Industries, Congressman Ted Deutch, Congresswoman Lois Frankel, FP&L.

- 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?

- 17a. What are the activities and services that will be provided to meet the purpose of the funds?

 Multi-cultural and multi-language resource donations warehouse/shelter, orientations to help natural disaster victims get back on their feet, Business Incubator, Community Leader Development Institute through the education of our children and adults.
- 17b. Describe the direct services to be provided to the citizens by the funding requested.

 Shelter, food, employment, english as a second language, healthcare services, technology education.

Shelter, food, employment, english as a second language, healthcare services, technology education.
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?
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			
☑Enrich cultural experience	The Center will provide our community a place where they can be assimilated into the American culture.	Increase the voting registration.	
□Improve agricultural production/promotion/education			
□Improve quality of education			
□Enhance/preserve/improve environmental or fish and wildlife quality			
□Protect the general public from harm (environmental, criminal, etc.)			
□Improve transportation conditions			
☑Increase or improve economic activity	To empower family owned businesses through the utilization of technology to open new sources of innovation and foster entrepreneurship.	New jobs creation	
□Increase tourism			

□Create specific immediate job opportunities		
☑Enhance specific individual?s economic self sufficiency	To develop self-sustaining families.	Through the education of our children and adults in topics of sustainability stimulating the critical analysis for solutions of our current social and economic.
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□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?
Amount Requested from the State in this Appropriations Project Request:	1,145,000	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	1,145,000	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

O1-3M

O>3-10M

O>10M

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

O1 year

O2 years

O3 years

⊙4 years

O>= 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?.

Oongoing activity? no total cost

⊙<1M

O1-3M

O>3-10M

O>10M