Appropriations Project Request - Fiscal Year 2020-21
For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Get on the Bus for Kindergarten Readiness</u>
2. Date of Submission: <u>11/14/2019</u>
3. House Member Sponsor: <u>James Grant</u>
   Members Copied:

4. DETAILS OF AMOUNT REQUESTED:
    a.   Has funding been provided in a previous state budget for this activity?   <u>No</u>
        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 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (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:					626,240	626,240

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? <u>No</u>
    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? <u>No</u>
    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.
    None

APR #: 1286

6. Requester:
    a. Name: <u>Jeff Eakins</u>
    b. Organization: <u>Hillsorough County Public Schools</u>
    c. Email: <u>jeff.eakins@sdhc.k12.fl.us</u>
    d. Phone #: <u>(813)272-4047</u>

7. Contact for questions about specific technical or financial details about the project:
    a. Name: <u>Tracye Brown</u>
    b. Organization: <u>Hillsborough County Public Schools</u>
    c. Email: <u>tracye.brown@sdhc.k12.fl.us</u>
    d. Phone #: <u>(813)272-4879</u>

8. Is there a registered lobbyist working to secure funding for this project?
    a. Name: <u>Jennifer Wilson</u>
    b. Firm: <u>Shumaker Advisors</u>
    c. Email: <u>jwilson@shumaker.com</u>
    d. Phone #: <u>(813)407-0703</u>

9. Organization or Name of entity receiving funds:
    a. Name: <u>Hillsborough County Public Schools</u>
    b. County (County where funds are to be expended): <u>Hillsborough</u>
    c. Service Area (Counties being served by the service(s) provided with funding): <u>Hillsborough</u>

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) <u>School District</u>

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

Despite substantial research indicating that parents in low-income communities value their children's education, many families have difficulty accessing resources. This project creates a pathway and continuum for increased student success and maximizes long-term learning potential by enhancing school readiness for students who are transitioning into kindergarten. This project will further allow for increased services availability and learning opportunities for students.

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		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	Full-time Coordinator time and effort to implement and monitor initiative (Year 1 = $110,000 (Salary and Benefits), Year 2 = $110,000 (Salary and Benefits), Year 3 = $110,000 (Salary and Benefits); Bus driver operating vehicle on school sites and throughout targeted communities (Year 1 = $15,000 (Salary and Benefits), Year 2 = $15,000 (Salary and Benefits), Year 3 = $15,000 (Salary and Benefits)	375,000

☑f. Expenses/Equipment/Travel/Supplies/Other	Bus and associated maintenance, retrofitted and wrapped for multiple readiness activities ($554,240); Educational and health materials and resources to distribute to Pre-K students and families to prepare them for Kindergarten ($5,000/month x 36 months); Marketing materials to encourage participation in program ($1,000/month x 36 months)	770,240
☑g. Consultants/Contracted Services/Study	External evaluator to collect data, evaluate program effectiveness, and recommend course corrections as well as write reports ($100,000/yr x 3 years)	300,000
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,445,240

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:
      HCPS has a long-standing relationship with a wide variety of community partners who are willing to step up and contribute to the success of this project. Tampa Bay Mobile Mammography has specific expertise in conversion of vehicles and has committed support to this initiative; other partners who support early learning initiatives include Tampa Family Health Centers, Champions for Children, Early Learning Coalition, Healthy Start, USF, United Way Suncoast, and the Children's Board.

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?
      Visually appealing, converted bus will serve children, ages birth to 5, and their families. It will provide access to resources, and health and wellness programming. Programming will help families to engage their child in developmentally appropriate learning experiences, understand how to enroll their child in a high-quality early learning program or access an early childhood provider, and advance their own education (e.g., information on GED). Screenings will be available to allow for early id

    17b. Describe the direct services to be provided to the citizens by the funding requested.
      Caregivers and their children will be provided access to experts in early childhood health and education who will help them determine their child's unique needs (e.g. health and developmental screenings), connect them to community services to address those needs, and assist them in enrolling their child in appropriate early learning programming. They will also be given resources, materials, and an action plan to promote continued learning after stepping off the bus.

    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): Parents, guardians, children ages birth to five, and community members

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
☐Improve physical health		
☐Improve mental health		
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		

☑Improve quality of education	An increase in the percentage of HCPS students who score at or above proficient on a kindergarten readiness assessment.	Program evaluation in Year 1 to include: demographic information for participants; number of participants receiving each service; pre- and post-surveys regarding services accessed, satisfaction, and identification of emerging and ongoing needs; number of children registered for kindergarten; kindergarten readiness assessment results; and focus groups with staff and partners supporting this initiative. Preliminary data collected will guide planning for a more in depth analysis in Year 2.
☐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		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual's economic self sufficiency		
☐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 2020-21 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:	626,240	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	626,240	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 2020-21 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