



PreK-12 Appropriations Subcommittee Meeting Packet

**February 23, 2017
9:30 a.m. – 12:00 p.m.
Reed Hall**



AGENDA
PreK-12
Appropriations Subcommittee

February 23, 2017
9:30 a.m. –12:00 p.m.
Reed Hall

- I. Call to Order/Roll Call
- II. Opening Remarks
- III. Consideration of Bills

HB 2011 Early Childhood Education and Therapeutic Intervention for Manatee & Sarasota Children by Boyd

HB 2187 FloridaLearns STEM Scholars: Florida's Rural STEM Education Initiative by Pigman

HB 2253 Small and Rural School District Digital Literacy and Content Support Program by Porter

HB 2291 Statewide Professional Mentoring and Leadership Conference for Girls by Alexander

HB 2313 Florida Healthy Choices Coalition by Massullo

HB 2329 Literacy Jump Start Pilot Project by Lee

HB 2341 Jobs for Florida's Graduates by Latvala

HB 2529 Florida PBS LearningMedia by Fitzenhagen

HB 2751 Mourning Family Foundation, Inc. by Diaz, J.

HB 2787 Knowledge Is Power Program (KIPP) by Fischer

IV. Closing Remarks/Adjournment

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Early Childhood Education and Therapeutic Intervention for Manatee & Sarasota Children
2. Date of Submission: 01/13/2017
3. House Member Sponsor: Jim Boyd
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
- 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 (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
	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 Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					373,600	373,600

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Education

6. Requester:

- a. Name: Tom Waters
- b. Organization: Easter Seals Southwest Florida, Inc.
- c. Email: twaters@easterseals-swfl.org
- d. Phone #: (941)355-7637

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Jannon Pierce
- b. Organization: Easter Seals Southwest Florida, Inc.
- c. Email: jpierce@easterseals-swfl.org
- d. Phone #: (941)355-7637

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Easter Seals Southwest Florida, Inc.
- b. County (County where funds are to be expended): Manatee
- c. Service Area (Counties being served by the service(s) provided with funding): Manatee, 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?

Expand inclusive pre-school to K-1 and to deliver therapy at and through partner agencies such as Just for Girls, YMCA, and Visible Men Academy. Funding will support teacher & therapist training, curriculum, equip classroom and provide curriculum, training and our consultative services for our agency partners

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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 type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Teachers, Therapists, & Aides	303,500
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Curriculums, Classroom Furniture, & Technology	70,100
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		373,600

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if "h. Fixed Capital Outlay" was not selected, question 13 is not applicable)

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:

Letters of Support from Congressman Vern Buchannon, Visible Men Academy, Just for Girls, YMCA and educating backing from United Way of Sarasota County & Sarasota County Human Services Agency

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. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	provide physical therapy	therapist testing & measurement
<input checked="" type="checkbox"/> Improve mental health	provide ABA therapy	& client surveys
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	provide inclusive K-1 classroom with validated curriculums	teacher testing & measurement & client surveys
<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 type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 2017-18 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	373,600	24.8%	
2. Federal:	0	0.0%	
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	

4. Local:	59,000	3.9%	
5. Other:	1,074,356	71.3%	
TOTAL	1,506,956	100%	

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

No

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Early Childhood Education and Therapeutic Intervention
 4 for Manatee & Sarasota Children; providing an
 5 appropriation; providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:
 8

9 Section 1. Early Childhood Education and Therapeutic
 10 Intervention for Manatee & Sarasota Children is an
 11 Appropriations Project as defined in The Rules of The Florida
 12 House of Representatives and is described in Appropriations
 13 Project Request 27, herein incorporated by reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$373,600 from the General Revenue Fund is appropriated to the
 16 Department of Education to fund the Early Childhood Education
 17 and Therapeutic Intervention for Manatee & Sarasota Children as
 18 described in Appropriations Project Request 27. Notwithstanding
 19 any law to the contrary, there shall be no recurring funding
 20 provided for this Appropriations Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: FloridaLearns STEM Scholars: Florida's Rural STEM Education Initiative
2. Date of Submission: 01/31/2017
3. House Member Sponsor: Cary Pigman
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
- 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 (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
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 Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					1,975,717	1,975,717

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Education

6. Requester:

- a. Name: Debra Elliott
- b. Organization: Heartland, North East Florida, and Panhandle Area Educational Consortium
- c. Email: debra.elliott@heartlanded.org
- d. Phone #: (863)531-0444

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Debra Elliott
- b. Organization: Heartland, North East Florida, and Panhandle Area Educational Consortium
- c. Email: debra.elliott@heartlanded.org
- d. Phone #: (863)531-0444

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Jessica Janaseiwicz
- b. Firm: Rutledge Ecenia
- c. Email: jessica@mixonandassociates.com
- d. Phone #: (850)567-7174

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Heartland, North East Florida, and Panhandle Area Educationa
- b. County (County where funds are to be expended): Highlands, Putnam, Washington
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Bradford, Calhoun, Columbia, DeSoto, Dixie, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Highlands, Holmes, Jackson, Jefferson, Lafayette, Levy, Liberty, Madison, Monroe, Nassau, Okeechobee, Putnam, Suwannee, Taylor, Union, Wakulla, Walton, Washington

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) Consortia established in s. 1001.451

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

To ensure rural students have STEM educational opportunities that are comparable and equitable to those accessible to students in larger and/or urban districts, FloridaLearns STEM Scholars seeks funding to provide collaborative enrichment activities for students demonstrating STEM aptitude, provide guidance for students in establishing STEM academic/career goals, and capitalize and expand on partnerships to maximize STEM-related experiences, serving 37 of Florida's 67 school districts.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Project Heads: percentage shared by administrators of Heartland Educational Consortium (HEC), North East Florida Educational Consortium (NEFEC), and Panhandle Area Educational Consortium (PAEC)	25,800
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Project Heads: travel to planning and project meetings, activities, and college and business partners	5,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		

<input checked="" type="checkbox"/> e. Salaries and Benefits	Professional and Support Personnel across 37 districts to: plan, coordinate, and implement all project activities; work collaboratively with project partners; maintain contact with community; maintain records, supplies, and invoices.	844,968
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Supplies for student activities; student transportation; substitute costs; printing; personnel travel to school districts, colleges, and community partners; teacher travel for professional learning and project activities; communications, rental, fees, and equipment.	678,556
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Regional forum development/delivery; Summer Challenge development/delivery; teacher stipends for Summer Challenges, Field Experience, and other work outside of contract days; National Clearinghouse fees; professional development costs.	421,393
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,975,717

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

Letters of support: consortia school district superintendents, regional state colleges and universities, STEM industry partners, regional economic development leaders, and parents of FLSS Scholars.

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. Describe the target population to be served. 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

Other (Please describe)

17b. 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 all 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	Increased student awareness of STEM post-secondary programs of study and career opportunities; increased exposure to college campuses; increased collaborative opportunities with diverse populations	Pre- and Post-survey of students and parents at start and completion of program; anecdotal data including surveys upon completion of student activities
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increased enrollment of students in rigorous STEM courses; increased participation and knowledge in STEM content through participation; increased teacher quality through professional learning	Student academic histories and transcripts; anecdotal data including feedback surveys and counselor discussions
<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 type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations	1,975,717	100.0%	N/A

Project Request:			
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	1,975,717	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 2017-18 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

1-2M

>2-3M

>3-10M

O>10M

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 FloridaLearns STEM Scholars: Florida's Rural STEM
4 Education Initiative; providing an appropriation;
5 providing an effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. FloridaLearns STEM Scholars: Florida's Rural
10 STEM Education Initiative is an Appropriations Project as
11 defined in The Rules of The Florida House of Representatives and
12 is described in Appropriations Project Request 257, herein
13 incorporated by reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
15 of \$1,975,717 from the General Revenue Fund is appropriated to
16 the Department of Education to fund the FloridaLearns STEM
17 Scholars: Florida's Rural STEM Education Initiative as described
18 in Appropriations Project Request 257. Notwithstanding any law
19 to the contrary, there shall be no recurring funding provided
20 for this Appropriations Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Small and Rural School District Digital Literacy and Content Support Program
2. Date of Submission: 01/31/2017
3. House Member Sponsor: Elizabeth Porter
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
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)</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 Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:		1,100,000	1,100,000		2,000,000	2,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? Yes
 - 5a. If yes, which state agency? Department of Education
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency.

6. Requester:

- a. Name: Clifford Green
- b. Organization: Learning.com
- c. Email: cgreen@learning.com
- d. Phone #: (503)517-4428

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Clifford Green
- b. Organization: Learning.com
- c. Email: cgreen@learning.com
- d. Phone #: (503)517-4428

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Stuart Brown
- b. Firm: SBK Consulting
- c. Email: brewser@brewserbrown.com
- d. Phone #: (850)510-5644

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Department of Education
- 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?

The Florida Small and Rural Schools Digital Literacy Program provides digital literacy solution to school districts with enrollments fewer than 24,000 students. The program began as a partnership between the FDOE and Learning.com. Learning.com provides curriculum, a content creation and management platform as well as teacher training and support through the 2017-18 school year.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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	Fiscal Agent, Program Communication, Accountability and Reporting	210,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Digital Literacy, Coding and Content Tool Licenses and Professional Development	1,790,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		2,000,000
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13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

Letters of support from teachers, principals and technology support personnel

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. Describe the target population to be served. 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
- Other (Please describe): Students and Teachers in Districts with less than 24,000

17b. 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 all 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	Key Performance Indicators-	Key Performance Indicators
<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 type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	2,000,000	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	2,000,000	100%	

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

No

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Small and Rural School District Digital Literacy and
4 Content Support Program; providing an appropriation;
5 providing an effective date.

6
7 Be It Enacted by the Legislature of the State of Florida:

8
9 Section 1. Small and Rural School District Digital
10 Literacy and Content Support Program is an Appropriations
11 Project as defined in The Rules of The Florida House of
12 Representatives and is described in Appropriations Project
13 Request 256, herein incorporated by reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
15 of \$2,000,000 from the General Revenue Fund is appropriated to
16 the Department of Education to fund the Small and Rural School
17 District Digital Literacy and Content Support Program as
18 described in Appropriations Project Request 256. Notwithstanding
19 any law to the contrary, there shall be no recurring funding
20 provided for this Appropriations Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Statewide Professional Mentoring and Leadership Conference for Girls
2. Date of Submission: 01/31/2017
3. House Member Sponsor: Ramon Alexander
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
- 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 (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
	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 Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					500,000	500,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Education

6. Requester:

- a. Name: Samantha Vance
- b. Organization: Ladies Learning to Lead, Inc. (L3)
- c. Email: sam@L3Ladies.org
- d. Phone #: (850)445-3144

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Samantha Vance
- b. Organization: Ladies Learning to Lead, Inc. (L3)
- c. Email: sam@L3Ladies.org
- d. Phone #: (850)445-3144

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Darrick McGhee
- b. Firm: Johnson & Blanton
- c. Email: Darrick@teamjb.com
- d. Phone #: (850)321-6489

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Ladies Learning to Lead, Inc. (L3)
- b. County (County where funds are to be expended): Leon
- 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?

To connect girls with mentors in the fields of their interest for job shadowing and training. To expand the Leadership Conference to serve more girls in Florida, and relocate venue to a central college.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	ED (\$50k), Program Director (\$30K), Event planning director (\$48K), Event planning/program assistant (\$25K)	153,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Health benefits	24,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel, liability insurance, workers comp	16,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Accounting services	10,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	3 part time mentoring coordinators	118,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office, program, and technology expenses	167,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Curriculum, metrics, and research	12,000
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

Public hearings, including Leon County delegation meeting; letters of support from parents, program participants, and local leaders; major organization backing from National corporations, state & local businesses.

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:

Some young ladies served are in areas identified as promise zone areas, marked by the federal government, where a large number of disadvantaged youth reside.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Increase # of girls engaged physically	Survey from participants, pre/post tests
<input checked="" type="checkbox"/> Improve mental health	Increase # of girls positive activity	Survey from mentors, participants, tests
<input checked="" type="checkbox"/> Enrich cultural experience	Increase # of events girls attend	Survey from participants, pre/post tests
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input checked="" type="checkbox"/> Improve quality of education	Increase # of girls learning	Survey from participants, pre/post tests
<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	Increase # of girls in internships	Survey from mentors, participants, tests
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase # of girls financial literacy	Survey from participants, pre/post tests
<input checked="" type="checkbox"/> Reduce recidivism	Decrease # of girls returning to DOC	Survey from participants
<input checked="" type="checkbox"/> Reduce substance abuse	Increase of girls avoiding drugs	Survey from participants, pre/post tests
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Decrease # of girls referrals	Survey from participants
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	81.8%	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:	110,000	18.0%	No
5. Other:	1,000	0.2%	Yes
TOTAL	611,000	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 2017-18 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

1-2M

>2-3M

>3-10M

>10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Statewide Professional Mentoring and Leadership
 4 Conference for Girls; providing an appropriation;
 5 providing an effective date.

6
 7 Be It Enacted by the Legislature of the State of Florida:

8
 9 Section 1. Statewide Professional Mentoring and Leadership
 10 Conference for Girls is an Appropriations Project as defined in
 11 The Rules of The Florida House of Representatives and is
 12 described in Appropriations Project Request 269, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$500,000 from the General Revenue Fund is appropriated to the
 16 Department of Education to fund the Statewide Professional
 17 Mentoring and Leadership Conference for Girls as described in
 18 Appropriations Project Request 269. Notwithstanding any law to
 19 the contrary, there shall be no recurring funding provided for
 20 this Appropriations Project.

21 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Healthy Choices Coalition
2. Date of Submission: 01/27/2017
3. House Member Sponsor: Ralph Massullo
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
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
	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 Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					300,000	300,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Education

6. Requester:

- a. Name: Darla Huddleston
- b. Organization: Florida Healthy Choices Coalition
- c. Email: darla@e3familysolutions.org
- d. Phone #: (352)303-3885

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Darla Huddleston
- b. Organization: Florida Healthy Choices Coalition
- c. Email: darla@e3familysolutions.org
- d. Phone #: (352)303-3885

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Florida Healthy Choices Coalition
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Clay, Duval, Hernando, Hillsborough, Lake, Nassau, Polk, Saint Johns, Sumter

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 provide 10,000 middle and high school students with 5 to 6 hours of positive youth development/risk avoidance programming

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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 type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	\$30 per student enrolled in program	300,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

Local support from school systems, children's councils and local fundraisers

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:

Florida Youth Risk Behavior Survey, Florida Youth Substance Abuse Survey

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Middle School students

17b. 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 all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	75% taking both pre and post tests will demonstrate increased knowledge	pre and post knowledge base tests
<input checked="" type="checkbox"/> Improve mental health	Statistically significant (5%) attitudinal shifts toward avoiding risky activities	pre and post attitudinal surveys
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<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 type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	300,000	60.0%	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:	200,000	40.0%	Yes
5. Other:	0	0.0%	No
TOTAL	500,000	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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Florida Healthy Choices Coalition; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Florida Healthy Choices Coalition is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 177, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$300,000 from the General Revenue Fund is appropriated to the
 14 Department of Education to fund the Florida Healthy Choices
 15 Coalition as described in Appropriations Project Request 177.
 16 Notwithstanding any law to the contrary, there shall be no
 17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: PreK-12 Appropriations
2 Subcommittee

3 Representative Lee offered the following:

4

5 **Amendment**

6 Remove line 13 and insert:

7 of \$110,000 from the Child Care and Development Block Grant

8 Trust Fund is appropriated to the

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Literacy Jump Start Pilot Project
2. Date of Submission: 01/30/2017
3. House Member Sponsor: Larry Lee

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
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
	Column:	A	B	C	D	E
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 Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:		110,000	110,000		110,000	110,000

5. Are funds for this issue requested in a state agency? Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Office of Early Learning

6. Requester:

- a. Name: ANTHONY LOUPE
- b. Organization: EARLY COALITION OF ST. LUCIE COUNTY
- c. Email: loupet01@elslc.org
- d. Phone #: (772)595-6424

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: ANTHONY LOUPE
- b. Organization: EARLY COALITION OF ST. LUCIE COUNTY
- c. Email: loupet01@elslc.org
- d. Phone #: (772)595-6424

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: EARLY LEARNING COALITION OF ST. LUCIE COUNTY
- b. County (County where funds are to be expended): Saint Lucie
- c. Service Area (Counties being served by the service(s) provided with funding): Saint 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?

The Literacy Jump Start Pilot Project's major program goal is designed to foster emergent literacy skills in low-income two to three years old at-risk children, residing within subsidized housing, in overcoming educational disadvantages with which they may have been born. Through the collaborative and cooperative efforts of local partners, participating children will be provided the opportunity for early literacy development, parent engagement, and care coordination.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salary and related expenses of the CEO for oversight of the program	1,100
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salary and related expenses of the Director of Programs for direct supervision of the employee and program.	1,800
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel and Supplies	1,500
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Audit and Informational Technology	1,510
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary, benefits and related costs for Family Support Coordinator	45,040
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Quality literacy materials for children in program, training materials, travel,	56,850

	subscriptions	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Health screening and other activities with the Department of Health	2,200
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		110,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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?

No

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. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all 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	Major Goal and Objectives: Assist low-income at-risk children in developing emergent literacy skills. 1. Children will demonstrate receptive &	Demonstrated increase of scores or levels using the Teaching Strategies GOLD Online Assessment, Peabody Picture Vocabulary Test, Ages &

	expressive language skills, communication strategies, and phonological awareness. 2. Children will understand and begin to use oral language for conversation and communication. 3. Children will demonstrate knowledge of print and its uses and will engage with stories and books.	Stages Questionnaire-3 and Ages & Stages Questionnaire Social Emotional-2.
<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 type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	110,000	94.4%	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:	6,500	5.6%	No
5. Other:	0	0.0%	No
TOTAL	116,500	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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Literacy Jump Start Pilot Project; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Literacy Jump Start Pilot Project is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 220, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$110,000 from the General Revenue Fund is appropriated to the
 14 Office of Early Learning to fund the Literacy Jump Start Pilot
 15 Project as described in Appropriations Project Request 220.
 16 Notwithstanding any law to the contrary, there shall be no
 17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Jobs for Florida's Graduates
2. Date of Submission: 01/23/2017
3. House Member Sponsor: Chris Latvala
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
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)</i>		
	Column:	A	B	C	D	E
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 Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:		1,500,000	1,500,000		1,500,000	1,500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? Yes
 - 5a. If yes, which state agency? Department of Education
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency.

6. Requester:

- a. Name: Heather Beaven
- b. Organization: Jobs for Florida's Graduates
- c. Email: hbeaven@FLGraduates.org
- d. Phone #: (386)439-5730

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Heather Beaven
- b. Organization: Jobs for Florida's Graduates
- c. Email: hbeaven@FLGraduates.org
- d. Phone #: (386)439-5730

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: William Helmich
- b. Firm: Helmich Consulting
- c. Email: bill@helmichconsulting.com
- d. Phone #: (850)251-3126

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Jobs for Florida's Graduates
- 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?

School-to-career / College Readiness / Military Service Readiness, STEM/STEAM and character and leadership programs in underperforming schools, public schools, charter schools and DJJ facilities.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	CEO oversees all aspects of administration, program and data quality, communications, partnership development and quality improvements.	82,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Team of ten oversees service delivery, student services, curriculum development, partner relationships, professional development, model compliance, data input and output, performance and deliverables.	538,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program management travel. Office Supplies.	30,000

<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	School and partner contracts to provide FTE assigned to deliver program services, instruction, guidance, counseling, academic remediation, job placement services, college application and enrollment services and service learning.	850,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

Letters of support from students, teachers, superintendents, juvenile justice partners, board members and employers statewide.

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:

Center for Labor Market Studies, US Chamber of Commerce, Urban League, US Department of Labor, American Institute of Research, Jobs for America's Graduates and FL Dept of Education (FETPIP). Topics includes gender equity, work readiness, college readiness, high school graduation, school safety, and recidivism.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Military Dependents, Minority and Female students (under-represented in STEAM courses) and incarcerated

17b. 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 all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
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<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	field trips, guest speakers, career and college exploration and service learning	competency mastery
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	instruction, projects and service learning	grades, attendance, discipline referrals, graduation, college acceptance
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	character and leadership projects, job placement	recidivism rate
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	work and college readiness skills, financial literacy and entrepreneurship skills	job placement, retention, college enrollment, wage gain and recidivism.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	decision -making and goal-setting instruction, financial literacy, individual career and academic development plans.	graduation rate, job placement, retention, college enrollment, wage gain and recidivism.
<input checked="" type="checkbox"/> Reduce recidivism	decision -making and goal-setting instruction, character and leadership instruction, individual career and	graduation rate, job placement, retention, college enrollment, wage

	academic development plans and work readiness skills.	gain and recidivism.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	decision -making and goal-setting instruction, character and leadership instruction, individual career and academic development plans and work readiness skills.	graduation rate, job placement, retention, college enrollment, wage gain and recidivism.
<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 checked="" type="checkbox"/> Other (Please describe): Reducing the chronic disengagement and high school drop out rates of military dependent students by	Reducing the chronic disengagement and high school drop out rates of military dependent students by rapidly attaching them to their new school and increasing the presence of female and minority students in STEAM courses, college majors and careers.	Reducing the chronic disengagement and high school drop out rates of military dependent students by rapidly attaching them to their new school and increasing the presence of female and minority students in STEAM courses, college majors and careers.

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,500,000	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	1,500,000	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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Jobs for Florida's Graduates; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Jobs for Florida's Graduates is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 94, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$1,500,000 from the General Revenue Fund is appropriated to
 14 the Department of Education to fund the Jobs for Florida's
 15 Graduates as described in Appropriations Project Request 94.
 16 Notwithstanding any law to the contrary, there shall be no
 17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida PBS LearningMedia
2. Date of Submission: 02/05/2017
3. House Member Sponsor: Heather Fitzenhagen
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
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
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 Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:		882,000	882,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Education

6. Requester:

- a. Name: Janyth Righter
- b. Organization: FPBS
- c. Email: Janythr@fpbs.org
- d. Phone #: (727)403-8161

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Janyth Righter
- b. Organization: FPBS
- c. Email: Janythr@fpbs.org
- d. Phone #: (727)403-8161

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Justin Day
- b. Firm: The Advocacy Group at Cardenas Partners, LLC
- c. Email: jd@cardenaspartners.com
- d. Phone #: (850)544-1932

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Florida Public Broadcasting Service (FPBS)
- b. County (County where funds are to be expended): Pinellas
- 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?

To continue to provide digital resources for use by Florida educators, students, and parents to increase student achievement and to assist these constituencies with student achievement towards Florida standards.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Executive Director	50,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	CFO	25,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel	3,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel and Office Expenses	20,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Statewide Coordinator, License for digital resources aligned to Florida ?s education standards, Outreach and Awareness, Impact Study, and Statewide Community Engagement	902,000
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

Since the Florida PBS LearningMedia is an open platform and is school agnostic throughout the state, the Florida PBS LearningMedia has over 100,000 registered adult users made up of teachers, parents, tutors, etc and over 430,000 student users. Furthermore 6 school districts have integrated the platform into their single sign on system that have created super user groups in Brevard, Bay, and Orange counties.

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:

PBS has completed a national study of the impact of the PBS LearningMedia platform. This study found that PBS LearningMedia?s content had a significant impact on achievement and learning when teachers in 36 middle school science, math, English language arts, and social studies classrooms used these learning tools extensively over a six- to 10-week period.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Florida Families with School-aged children

17b. 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 all 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	Students who utilize the content provided within the Florida PBS LearningMedia platform as apart of classroom instruction shall result in measureable knowledge gains.	FPBS will work with super user districts during the 2017-2018 school year to track usage of the Florida PBS LearningMedia and correlate it to results on the Florida Standards Assessment to determine impact of the Florida PBS LearningMedia on student 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 type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual?s economic self sufficiency		
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	0.3%	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:	585,000	0.2%	No
5. Other:	300,000,000	99.5%	Yes
TOTAL	301,585,000	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 2017-18 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

1-2M

>2-3M

>3-10M

>10M

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A bill to be entitled
An act relating to the Appropriations Project titled
Florida PBS LearningMedia; providing an appropriation;
providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Florida PBS LearningMedia is an Appropriations Project as defined in The Rules of The Florida House of Representatives and is described in Appropriations Project Request 691, herein incorporated by reference.

Section 2. For fiscal year 2017-2018 the nonrecurring sum of \$1,000,000 from the General Revenue Fund is appropriated to the Department of Education to fund the Florida PBS LearningMedia as described in Appropriations Project Request 691. Notwithstanding any law to the contrary, there shall be no recurring funding provided for this Appropriations Project.

Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Mourning Family Foundation, Inc.
2. Date of Submission: 02/03/2017
3. House Member Sponsor: Jose Diaz
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
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)		
	Column:	A	B	C	D	E
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 Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:		1,000,000	1,000,000		1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Education

6. Requester:

- a. Name: Bill Diggs
- b. Organization: Mourning Family Foundation, Inc.
- c. Email: bdiggs@mourningfamilyfoundation.org
- d. Phone #: (305)476-0095

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Bill Diggs
- b. Organization: Mourning Family Foundation, Inc.
- c. Email: bdiggs@mourningfamilyfoundation.org
- d. Phone #: (305)476-0095

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Ronald Book
- b. Firm: Ronald L. Book, P.A.
- c. Email: ron@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Mourning Family Foundation, Inc.
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

Programs engage in the constant provision of services (mentoring, bi-monthly workshops, in- and after- school and six to eight week summer services, providing a year- round program of academic support, enrichment, recreational, STEM and exposure activities.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Grant Compliance Officer, Program Managers	178,667
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Professional Development Training, Travel and Supplies	14,088
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Audit Services	9,675
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program Coordinators, Certified Teachers, Enrichment Instructors, Parent Coordinators	434,477
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program Office & Supplies ,>5% of Program Occupancy Costs, Transportation and expenses related to college preparatory activities, including college tours.	310,880

<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracts for academic support and enrichment activities, including Talent 4 Change, Dibia, Nutty Scientist, College Prep Program, External evaluator	52,213
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

letter of support from Jose Diego Middle School, Miami-Dade County Public Schools Affiliation Agreement and financial support from local organizations such as The United Way and the Miami-Dade County Children's Trust.

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. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	PACER (Progressive Cardiovascular Endurance Run)	Assesses youth agility and strength using the test 3 times per year to measure the student's growth/ gains.
<input type="checkbox"/> Improve mental health		

<input checked="" type="checkbox"/> Enrich cultural experience	OYC provides enhancement classes, exposure field trips (museums, historical sites and other cultural venues) and college- focused activities	Annual reporting on number classes, trips and enrichment activities. Program participants had approximately 30 encounters with these activities last fiscal year.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Improvement in the Individual Success Plan (ISP) / Oral Reading Fluency / Report Cards	In- school service coordinators provide individual case management ? daily monitoring, counseling, advocacy, case notes completion. Student report cards are collected from the Miami- Dade County Public Schools to monitor the progress of the students in Reading, Math and Science content areas. The Individual Success Plan (ISP) is for goal- setting and career planning 4 times per year. Oral Reading Fluency (ORF) test for reading proficiencies 3 times per year.
<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 type="checkbox"/> Create specific immediate job opportunities		

<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	37.0%	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:	700,000	25.9%	Yes
5. Other:	1,000,000	37.0%	Yes
TOTAL	2,700,000	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 2017-18 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

1-2M

>2-3M

>3-10M

>10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Mourning Family Foundation, Inc.; providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Mourning Family Foundation, Inc. is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 550, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$1,000,000 from the General Revenue Fund is appropriated to
 14 the Department of Education to fund the Mourning Family
 15 Foundation, Inc. as described in Appropriations Project Request
 16 550. Notwithstanding any law to the contrary, there shall be no
 17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Knowledge Is Power Program (KIPP)
2. Date of Submission: 02/02/2017
3. House Member Sponsor: Jason Fischer
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
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
	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 Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:	500,000	724,000	1,224,000	500,000	724,000	1,224,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? Yes
 - 5a. If yes, which state agency? Department of Education
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency.

6. Requester:

- a. Name: Tom Majdanics
- b. Organization: Knowledge Is Power Program (KIPP)- Jacksonville; Executive Director
- c. Email: tmajdanics@kipjax.org
- d. Phone #: (904)738-4145

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Tom Majdanics
- b. Organization: Knowledge Is Power Program (KIPP)- Jacksonville; Executive Director
- c. Email: tmajdanics@kipjax.org
- d. Phone #: (904)738-4145

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Mark Pinto
- b. Firm: The Fiorentino Group
- c. Email: mpinto@thefiorentinogroup.com
- d. Phone #: (904)358-2757

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Knowledge Is Power Program (KIPP)
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Duval

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 funds will pay for the incremental costs associated with the extended school day and year for students in the region's most educationally undeserved community. Extended learning time allows hundreds more hours per year of classroom instruction versus public schools. The extended school day offers more time dedicated to literacy, math, history, and science. As a result, KIPP students achieve at consistently higher levels than their peers in core academic subjects and the arts.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	In current and prior years, funds have been used to pay for the incremental teaching personnel and benefit costs associated with KIPP's longer school day and year. Educators receive higher compensation for their extended working hours and there are additional educators on staff to program a longer school day.	1,224,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,224,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

During RFP process to bring the KIPP model to Jacksonville, both Jacksonville's Mayor and a local congressional official supported the effort, including a lobbying effort in New York City with the CEO of the national KIPP Foundation organization. KIPP has the support of local business leaders and raises significant private funds annually that complement the state appropriation to provide extended learning time to students and secure quality facilities.

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:

KIPP serves the North and Westside of Jacksonville, Florida, the most educationally under-served portion of Jacksonville, Florida. The Florida Department of Education has designated 25 elementary schools in this area to be in the "bottom 300" in elementary literacy. There are multiple elementary and middle schools where students were allowed access to opportunity scholarships.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): 95% students African-American, 3% White, 1% Hispanic, & 1% multi-racial. Free meals for all students.

17b. 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 all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Elementary students receive daily recess and regular physical	Number of hours per student in recess and physical education

	education programming.	programming.
<input checked="" type="checkbox"/> Improve mental health	Mental health therapists on site for students and their families.	Active case engagements.
<input checked="" type="checkbox"/> Enrich cultural experience	Students are exposed to more hours of art instruction as a result of the extended learning time model.	Number of hours of art instruction and art awards won by KIPP students. The middle school band competes in annual competitions, and has received highest marks for the past 2 years.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Students are in school for 300+ additional hours per year as a result of KIPP's extended learning time model resulting in improved school grades and increased art awards.	Compare school grades and art awards of KIPP versus peer schools in Jacksonville's North and Westside with similar demographics.
<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 checked="" type="checkbox"/> Improve transportation conditions	KIPP provides free school bus services across the North and Westside of Jacksonville, eliminating transportation as a barrier to access our schools.	Number of students taking the bus to and from school thus eliminating transportation as a barrier to access to our schools.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		

<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,224,000	54.3%	N/A
2. Federal:	100,000	4.4%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	96,000	4.3%	No
5. Other:	836,000	37.1%	No
TOTAL	2,256,000	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 2017-18 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

1-2M

>2-3M

>3-10M

>10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Knowledge Is Power Program (KIPP); providing an
 4 appropriation; providing an effective date.

5
 6 Be It Enacted by the Legislature of the State of Florida:

7
 8 Section 1. Knowledge Is Power Program (KIPP) is an
 9 Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 400, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$1,224,000 from the General Revenue Fund is appropriated to
 14 the Department of Education to fund the Knowledge Is Power
 15 Program (KIPP) as described in Appropriations Project Request
 16 400. Notwithstanding any law to the contrary, there shall be no
 17 recurring funding provided for this Appropriations Project.

18 Section 3. This act shall take effect July 1, 2017.