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# **PreK-12 Appropriations Subcommittee Meeting Packet**

**March 13, 2017  
1:00 p.m. – 6:00 p.m.  
Reed Hall**



**AGENDA**  
PreK-12  
Appropriations Subcommittee

March 13, 2017  
1:00 p.m. – 6:00 p.m.  
Reed Hall

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

**HB 3203** Life Changing Experiences - LCE - Community Education  
Project by Latvala

**HB 3293** National Flight Academy by White

**HB 3305** Seminole County Public Schools Aviation Program by Cortes,  
B.

**HB 3333** North Florida School of Special Education Expansion Project  
by Cummings

**HB 3421** Little Havana Activities & Nutrition Centers of Dade County,  
Inc. Child Care Program by Duran

**HB 3559** Additional Walkway Cover Hardee Jr.-Hilltop Elementary  
School by Albritton

**HB 3651** Alternative Education Development Program - Alternative  
Placement in Lieu of Expulsion in North-Central Lake County by Metz

**HB 3653** Security Funding for Jewish Day Schools by Fine

**HB 3959** Happy Workers Learning Center Rehab/Restoration by  
Newton

**HB 3961** RISE Summer Math Academy - Lake County Schools with  
Lake-Sumter State College by Sullivan

**HB 4065** Grow Your Own Teacher Scholarship by Caldwell

**HB 4091** Sparsity Funding for Hernando County School District by  
Ingoglia

**HB 4119** City Year Florida by Cruz

**HB 4129** St. Augustine Florida School for the Deaf and Blind -Public  
Education Capital Outlay - Gregg Hall by  
Stevenson

**HB 4267** Head Start Federal Match by McGhee

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: Life Changing Experiences - LCE - Community Education Project
2. Date of Submission: 02/06/2017
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? 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
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:					250,000	250,000

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: Tamika Bain
- b. Organization: Children and Parents Resource Group
- c. Email: tamika.bain@cprhelp.org
- d. Phone #: (336)355-6759

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

- a. Name: Kenneth Bain
- b. Organization: Mobile Cinema Park
- c. Email: Kenneth.bain@mobilecinemapark.com
- d. Phone #: (336)740-0530

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

- a. Name: Chris Hansen
- b. Firm: Ballard Partners
- c. Email: chansen@ballardfl.com
- d. Phone #: (850)577-0444

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

- a. Name: Children and Parent Resource Group, Inc.
- b. County (County where funds are to be expended): Lee, Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Lee, Pinellas

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 Transform the lives of students facing the hazards of life. This program will change students behaviors in ways that benefit them and their communities.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Necessary supplies	50,000
<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	Operating equipment	200,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>250,000</b>

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 checked="" type="checkbox"/> Improve physical health	Intention to wear seatbelts, avoid drinking and driving, avoid texting and driving	Pre and post surveys of intentions to behave knowledge assimilation also during use of follow-up mobile Application
<input checked="" type="checkbox"/> Improve mental health	Indirect effect of addressing issues such as bullying and drug abuse that directly affect anxiety, stress and instability associated with such	Pre and post surveys measuring general effect of programs
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Indirect effect by on social climate (*many studies show that positively effects attendance, academic achievement and graduation rate)	Pre and post surveys measuring general effect of programs and intentions to continue to higher education
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Intentions to recycle, preserve resources and wildlife	Pre and post surveys of intentions to behave and knowledge assimilation
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input checked="" type="checkbox"/> Improve transportation conditions	Intention to better observe road safety by young drivers	Pre and post surveys of intentions to behave and knowledge assimilation
<input checked="" type="checkbox"/> Increase or improve economic activity	Intention to be involved in business and social enterprises and expansion on knowledge on building a business model	Pre and post surveys of intentions to behave and knowledge assimilation and a follow-up mobile application that takes the students through building a business plan
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Intention to be involved in business and social enterprises and expansion on knowledge on building a business model	Pre and post surveys of intentions to behave and knowledge assimilation and a follow-up mobile application that takes the students through building a business plan
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Improved knowledge of risk and harm in substance abuse and reduction in intentions to use drugs	Pre and post surveys of intentions to behave and knowledge assimilation
<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:	250,000	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	250,000	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           Life Changing Experiences - LCE - Community Education  
 4           Project; providing an appropriation; providing an  
 5           effective date.

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

8  
 9           Section 1. Life Changing Experiences - LCE - Community  
 10 Education Project is an Appropriations Project as defined in The  
 11 Rules of The Florida House of Representatives and is described  
 12 in Appropriations Project Request 765, herein incorporated by  
 13 reference.

14           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 15 of \$250,000 from the General Revenue Fund is appropriated to the  
 16 Department of Education to fund the Life Changing Experiences -  
 17 LCE - Community Education Project as described in Appropriations  
 18 Project Request 765. Notwithstanding any law to the contrary,  
 19 there shall be no recurring funding provided for this  
 20 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: National Flight Academy
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Frank White  
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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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:		421,495	421,495		421,495	421,495

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: Cassie Redmyer
- b. Organization: National Flight Academy, LLC
- c. Email: credmyer@nationalflightacademy.com
- d. Phone #: (850)308-8936

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

- a. Name: Cassie Redmyer
- b. Organization: National Flight Academy, LLC
- c. Email: credmyer@nationalflightacademy.com
- d. Phone #: (850)308-8936

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: National Flight Academy, LLC
- b. County (County where funds are to be expended): Escambia
- c. Service Area (Counties being served by the service(s) provided with funding): Bay, Broward, Citrus, Escambia, Hillsborough, Indian River, Leon, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Orange, Palm Beach, Pasco, Saint Johns, Santa Rosa, Sarasota, Walton

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)

- Local Government
- University or College
- Other (Please describe)

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

The National Flight Academy requests this funding in order to continue to enhance, modify, and adjust its curriculum and program development to meet the educational and workforce development needs of Florida students.

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	Salaries and benefits will be used to partially fund (35%) the National Flight Academy's Director of Education and Grant Manager (28%) to oversee program and curriculum development of the project in order to track deliverables and asset usage.	42,840
<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	Salaries and benefits will be used to hire a programmer, a quality assurance specialist, educators (3), an Information Technology Tech, a videographer, and partially fund IT	299,520



	Manager (50%) in order to develop/deliver the program.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Equipment purchases for the STEM Outreach program will include computer coding kits for approximately 72 students. To integrate maker educational modules into the six-day Deployment program, five 3D printers will be purchased.	47,799
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Improve the ROV (remotely operated vehicles) educational modules based on feedback to be collected from staff and students in Summer 2017.	31,336
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		421,495

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:

On October 15, 2014, the National Executive Committee of the American Legion officially endorsed and commended the National Flight Academy program on behalf of their Committee on Youth Education, which is documented in the American Legion National's meeting minutes as Resolution No. 26.

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	Increases students' understanding and engagement in the fields of science, technology, engineering, and mathematics (STEM) through immersive, hands-on application.	Pre and post assessments on educational concepts introduced as well as alumni surveys that track students' continued interest and participation in STEM-related fields of study.
<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:	421,495	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
<b>TOTAL</b>	<b>421,495</b>	<b>100%</b>	

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           National Flight Academy; providing an appropriation;  
 4           providing an effective date.

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

7  
 8           Section 1. National Flight Academy is an Appropriations  
 9 Project as defined in The Rules of The Florida House of  
 10 Representatives and is described in Appropriations Project  
 11 Request 1134, herein incorporated by reference.

12           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 13 of \$421,495 from the General Revenue Fund is appropriated to the  
 14 Department of Education to fund the National Flight Academy as  
 15 described in Appropriations Project Request 1134.  
 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: Seminole County Public Schools Aviation Program
- 2. Date of Submission: 02/07/2017
- 3. House Member Sponsor: Robert Cortes  
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
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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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: Dr. Walt Griffin
- b. Organization: Seminole County Public Schools
- c. Email: Walt\_Griffin@scps.k12.fl.us
- d. Phone #: (407)366-0537

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

- a. Name: Dr. Walt Griffin
- b. Organization: Seminole County Public Schools
- c. Email: Walt\_Griffin@scps.k12.fl.us
- d. Phone #: (407)366-0537

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

- a. Name: Jonathan Alexander
- b. Firm: Southern Strategy Group
- c. Email: setzer@sostrategy.com
- d. Phone #: (407)709-2324

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

- a. Name: Seminole County Public Schools
- b. County (County where funds are to be expended): Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Seminole

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?

These funds are specifically designed to create a high-tech aviation program in Seminole County for students. This program will be in conjunction with local employers and Seminole State College. The program is being designed at the request of the Sanford International Airport and its vendors. The program will be large in scope ranging from air traffic controllers, pilots, airport operations, vendors operations, and aviation administration.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	capitalized and non-capitalized equipment and supplies necessary to operate FLDOE Program #9540600 9Aviation Maintenance General) and pursue FAA certification as an Aviation Maintenance Technical School	500,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

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?

Yes

14a. Will this information technology project be managed within a state agency to support state agency program goals?

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:

Sanford Aviation Authority and their vendors, as well as Seminole State College

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	Broader Education	Placement rate of students upon completion
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	This will result in a far broader	Placement of students in workforce

	education experience	and colleges after completion
<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 checked="" type="checkbox"/> Increase or improve economic activity	Students can earn degrees and certificates and enter the workforce	Placement of students in workforce and colleges after completion
<input checked="" type="checkbox"/> Increase tourism	Increasing traffic in airport	Increase in traffic
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Many students will leave high school with specific certificates and can enter workforce or continue to college	Placement of students in workforce and colleges after completion
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Career paths and jobs	Placement of students in workforce
<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:	500,000	33.3%	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:	0	0.0%	No
5. Other:	1,000,000	66.7%	No
TOTAL	1,500,000	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           Seminole County Public Schools Aviation Program;  
 4           providing an appropriation; providing an effective  
 5           date.

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

8  
 9           Section 1. Seminole County Public Schools Aviation Program  
 10 is an Appropriations Project as defined in The Rules of The  
 11 Florida House of Representatives and is described in  
 12 Appropriations Project Request 1139, herein incorporated by  
 13 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 Seminole County Public  
 17 Schools Aviation Program as described in Appropriations Project  
 18 Request 1139. Notwithstanding any law to the contrary, there  
 19 shall be no recurring funding provided for this Appropriations  
 20 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: North Florida School of Special Education Expansion Project
2. Date of Submission: 02/07/2017
3. House Member Sponsor: W. Cummings  
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? Yes
- 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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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:		2,000,000	2,000,000		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? 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: Sally Hazelip, Head of School
- b. Organization: North Florida School of Special Education
- c. Email: shazelip@northfloridaschool.org
- d. Phone #: (904)724-8323

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

- a. Name: Sally Hazelip, Head of School
- b. Organization: North Florida School of Special Education
- c. Email: shazelip@northfloridaschool.org
- d. Phone #: (904)724-8323

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

- a. Name: Joe Mobley
- b. Firm: The Fiorentino Group
- c. Email: jmobley@the fiorentino.com
- d. Phone #: (904)866-3122

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

- a. Name: North Florida School of Special Education
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Clay, Duval, Flagler, Nassau, Saint Johns

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?

It is a fixed capital outlay for school expansion that will allow the school to expand its services not only to additional students but to others who live in the 5 county area with special needs.

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 type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Building to house school and aftercare programs for mentally and physically disabled children in the 5 county region.	2,000,000

TOTAL	2,000,000
-------	-----------

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letters of Support from community members and philanthropists.

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): Provide services to students ages 18-22 in the transition age group & 22+ in the post -grad program.

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	Students will receive additional, intense physical therapy, PE Classes and equine therapy	Appropriate pre and post testing will be administered to all students as well as those participants from the community.
<input checked="" type="checkbox"/> Improve mental health	Students will have the opportunity to participate in group counseling sessions led by a trained mental health counselor during school hours and after school sessions will be	The school will provide appropriate pre- and post testing to all participants. Teacher and administration observations will be

	available.	recorded.
<input checked="" type="checkbox"/> Enrich cultural experience	Various cultural experiences will be provided to enhance the participants understanding and acceptance of all cultures and differences.	There will be 6 different cultural awareness activities for students and community participants.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Berry Good Farms, the school's on campus urban farm will continue to expand it's services into the community. Berry Good Farms food truck will deliver fresh produce to NE Florida Food Deserts.	NFSSE's Berry Good Farms accepts the EBT, fresh access bucks and will continue to expand into the community
<input checked="" type="checkbox"/> Improve quality of education	Through the achievement of academic, social and vocational training, NFSSE will continue to be the leader in providing children and young adults with intellectual disabilities.	ULS, the research-based curriculum will be administered which include pre and post testing.
<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 checked="" type="checkbox"/> Increase or improve economic activity	In addition to our student's vocational and job placement program, parents of our transition and post-grad students are able have gainful employment while their older student attends NFSSE.	A survey is done annually by all transition and post-grad families
<input type="checkbox"/> Increase tourism		

<input checked="" type="checkbox"/> Create specific immediate job opportunities	NFSSE's expansion project will create additional job opportunities for transition and post grad students. Teachers, therapists and para professionals will be hired to support this expansion.	Employment will increase.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	With the gainful employment of our transition and post-grad students, their independence and self-sufficiency will increase.	The number of employed students.
<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	33.3%	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:	0	0.0%	No
5. Other:	4,000,000	66.7%	Yes
TOTAL	6,000,000	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           North Florida School of Special Education Expansion  
 4           Project; providing an appropriation; providing an  
 5           effective date.

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

8  
 9           Section 1. North Florida School of Special Education  
 10 Expansion Project is an Appropriations Project as defined in The  
 11 Rules of The Florida House of Representatives and is described  
 12 in Appropriations Project Request 1188, herein incorporated by  
 13 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 North Florida School of  
 17 Special Education Expansion Project as described in  
 18 Appropriations Project Request 1188. 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: Little Havana Activities & Nutrition Centers of Dade County, Inc. Child Care Program
- 2. Date of Submission: 02/03/2017
- 3. House Member Sponsor: Nicholas Duran  
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	Column: B	Column: C	Column: D	Column: E	Column: 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	<b>TOTAL Nonrecurring Request</b> (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:		100,000	100,000		100,000	100,000

- 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: Ramon Perez-Dorrbecker
- b. Organization: Little Havana Activites & Nutrition Centers of Dade County, Inc.
- c. Email: rdp@LHANC.org
- d. Phone #: (305)858-0887

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

- a. Name: Betty Ruano
- b. Organization: Little Havana Activites & Nutrition Centers of Dade County, Inc.
- c. Email: bruano@lhanc.org
- d. Phone #: (305)858-0887

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

- a. Name: Andreina Figueroa
- b. Firm: ADF Consulting
- c. Email: adf@ADFconsulting.com
- d. Phone #: (786)586-7001

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

- a. Name: Little Havana Activities & Nutrition Centers of Dade County
- 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?

The purpose of this program is to provide subsidy for children who receive child care services. Services will be offered to children of working poor families, providing them with access to safe and quality child care services. Children of low-income families will be prepared to compete on an equal basis with other children of better economic means.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Funds requested will be used to provide subsidy for children who receive child day care services. Subsidy will be \$40 for 48 children for 52 weeks.	100,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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	Improving education	providing better quality of learning
<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 checked="" type="checkbox"/> Other (Please describe): Access to Affordable Child Care	Approximately 50 families will receive a subsidy of \$40/week for 52 weeks allowing working poor families to access child care services.	Proof of families not exceeding 200% of federal poverty level; at least household member who is employed; or attending at least 1 educational class; or 1 household member looking for employment.

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:	100,000	13.9%	N/A
2. Federal:	175,266	24.3%	Yes



3. State: (Excluding the requested Total Amount in #4d, Column F)	28,193	3.9%	Yes
4. Local:	29,546	4.1%	Yes
5. Other:	388,605	53.9%	Yes
TOTAL	721,610	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           Little Havana Activities & Nutrition Centers of Dade  
 4           County, Inc. Child Care Program; 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. Little Havana Activities & Nutrition Centers of  
 10 Dade County, Inc. Child Care 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 640, herein incorporated by reference.

14           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 15 of \$100,000 from the General Revenue Fund is appropriated to the  
 16 Department of Education to fund the Little Havana Activities &  
 17 Nutrition Centers of Dade County, Inc. Child Care Program as  
 18 described in Appropriations Project Request 640. 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: Additional Walkway Cover Hardee Jr.-Hilltop Elementary School
- 2. Date of Submission: 02/07/2017
- 3. House Member Sponsor: Ben Albritton  
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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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:					75,000	75,000

- 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: Paul Samuels
- b. Organization: Hardee County School District
- c. Email: psamuels@hardee.k12.fl.us
- d. Phone #: (863)781-0332

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

- a. Name: Paul Samuels
- b. Organization: Hardee County School District
- c. Email: psamuels@hardee.k12.fl.us
- d. Phone #: (863)781-0332

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: Hardee County School District
- b. County (County where funds are to be expended): Hardee
- c. Service Area (Counties being served by the service(s) provided with funding): Hardee

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) School District

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

Extend the current covered walkway at Hardee Jr. High/ Hilltop Elementary (a K-8 campus) to better protect students from sun, heat and rain while they wait for buses and parent vehicles. The current walkway cover was part of the original school construction and is not large enough.

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 type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	To extend the current covered walkway at Hardee Jr. High/ Hilltop Elementary to better protect students from sun, heat and rain.	75,000

TOTAL		75,000
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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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe): School District

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:

At Hardee County School Board meetings on April 14, 2016, April 28, 2016 and June 7, 2016, Mildred Smith, School Board member, discussed the need for a better covered overhang at Hardee Jr. High/ Hilltop Elementary with Rob Krahl, the School District's Director of 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?

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	Measure additional square footage of the larger covered walkway. Track complaints at the school and School Board meetings dealing with students exposed to the elements at Jr. High/ Hilltop.	The contractor's bid and invoice will list additional square footage. Facilities staff can verify the additional square footage. Compare the number of complaints before and after the larger covered area is completed.



<input type="checkbox"/> Improve mental health		
<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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Measure additional square footage of the larger covered walkway. Track complaints at the school and School Board meetings dealing with students exposed to the elements at Jr. High/Hilltop.	The contractor's bid and invoice will list additional square footage. Facilities staff can verify the additional square footage. Compare the number of complaints before and after the larger covered area is completed.
<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:	75,000	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
<b>TOTAL</b>	<b>75,000</b>	<b>100%</b>	

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           Additional Walkway Cover Hardee Jr.-Hilltop Elementary  
 4           School; providing an appropriation; providing an  
 5           effective date.

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

8  
 9           Section 1. Additional Walkway Cover Hardee Jr.-Hilltop  
 10 Elementary School is an Appropriations Project as defined in The  
 11 Rules of The Florida House of Representatives and is described  
 12 in Appropriations Project Request 1220, herein incorporated by  
 13 reference.

14           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 15 of \$75,000 from the General Revenue Fund is appropriated to the  
 16 Department of Education to fund the Additional Walkway Cover  
 17 Hardee Jr.-Hilltop Elementary School as described in  
 18 Appropriations Project Request 1220. 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: Alternative Education Development Program - Alternative Placement in Lieu of Expulsion in North-Central Lake County
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Larry Metz  
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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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:					988,000	988,000

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: Dr. Susan Moxley
- b. Organization: Lake County Public Schools
- c. Email: moxleys@lake.k12.fl.us
- d. Phone #: (352)253-6515

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

- a. Name: Dr. Susan Moxley
- b. Organization: Lake County Public Schools
- c. Email: moxleys@lake.k12.fl.us
- d. Phone #: (352)253-6515

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

- a. Name: Chris Carmody
- b. Firm: Gray Robinson
- c. Email: chris.carmody@gray-robinson.com
- d. Phone #: (407)843-8880

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

- a. Name: Lake County Public Schools
- b. County (County where funds are to be expended): Lake
- c. Service Area (Counties being served by the service(s) provided with funding): Lake

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 purpose of the Alternative Education Development Program (AEDP) is to offer academic services for students who have multiple suspensions or have committed a serious violation of the Code of Student Conduct & Policy Guide and were recommended for alternative placement in lieu of expulsion. Students are provided additional support with FSA & EOC courses, SAT/ACT Prep, as well as guidance and support in character education and career planning.

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	School administration principal and school administration AP	91,636
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Administrative Materials and supplies	2,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	2 classroom Instructors, Guidance Counselor, Bookkeeper, Deputy/School Resource Officer	134,190
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Classroom/Instructional Materials, 2 routes of bus transportation and facility usage	172,174
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction, planning and engineering for a new site with four additional portables	588,000
TOTAL		988,000

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

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

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

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

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 checked="" type="checkbox"/> Improve mental health	95% of enrolled students will earn 1 or more credits during their recommended duration within the program. Students will remain engaged in learning, instead of time	Skyward graduation requirements

	away from their education.	
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	98% of students who have completed the alternative program and returned to their home school will not be recommended for re-enrollment to the alternative program. 75% of students enrolled in this program will demonstrate an increase in assessment scores as compared to the previous year.	Expulsion packet submissions, FSA report, and EOC reports.
<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 checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Students who have complete this alternative program and returned to their home school will decrease their	Decision ED report and Decision ED Attendance report

	number of out-of-school suspensions by 25%.	
<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:	988,000	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
<b>TOTAL</b>	<b>988,000</b>	<b>100%</b>	

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           Alternative Education Development Program -  
 4           Alternative Placement in Lieu of Expulsion in North-  
 5           Central Lake County; providing an appropriation;  
 6           providing an effective date.

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

9  
 10           Section 1. Alternative Education Development Program -  
 11 Alternative Placement in Lieu of Expulsion in North-Central Lake  
 12 County is an Appropriations Project as defined in The Rules of  
 13 The Florida House of Representatives and is described in  
 14 Appropriations Project Request 1083, herein incorporated by  
 15 reference.

16           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 17 of \$988,000 from the General Revenue Fund is appropriated to the  
 18 Department of Education to fund the Alternative Education  
 19 Development Program - Alternative Placement in Lieu of Expulsion  
 20 in North-Central Lake County as described in Appropriations  
 21 Project Request 1083. Notwithstanding any law to the contrary,  
 22 there shall be no recurring funding provided for this  
 23 Appropriations Project.

24           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: Security Funding for Jewish Day Schools
- 2. Date of Submission: 02/03/2017
- 3. House Member Sponsor: Randy Fine  
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
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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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:					1,500,000	1,500,000

- 5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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: Mimi Jankovits
- b. Organization: Orthodox Union
- c. Email: mimij@ou.org
- d. Phone #: (213)304-5038

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

- a. Name: Mimi Jankovits
- b. Organization: Orthodox Union
- c. Email: mimij@ou.org
- d. Phone #: (213)304-5038

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

- a. Name: Amy Bisceglia
- b. Firm: Rubin Group
- c. Email: amy@rubingroup.com
- d. Phone #: (813)361-4805

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

- a. Name: Yad David
- b. County (County where funds are to be expended): Broward, Duval, Hillsborough, Lee, Manatee, Miami-Dade, Orange, Palm Beach, Volusia
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Duval, Hillsborough, Lee, Manatee, Miami-Dade, Orange, Palm Beach

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?

Provide much needed security and counter-terrorism upgrades at Florida Jewish day schools

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	Administrative costs	75,000
<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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Target hardening building and equipment upgrades ? such as fences, vehicle access control, video recording system, electronic access control to the building(s), ballistic glass, and alarm & communication systems	1,425,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		



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 Florida Jewish Day Schools, support from Teach New York and New Jersey, who have implemented similar funding programs

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:

Surveys have been conducted by law enforcement showcasing the security needs of these schools

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	The safety of the number of students served	School safety for 10,000 students
<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	The safety of the number of students served	School safety for 10,000 students
<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	The safety of the number of students served	Hardening of the target drop off locations will provide a safe access to school for 10,000 students
<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:	1,500,000	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
<b>TOTAL</b>	<b>1,500,000</b>	<b>100%</b>	

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                    Security Funding for Jewish Day Schools; 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. Security Funding for Jewish Day Schools 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 552, 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 Security Funding for  
 15                    Jewish Day Schools as described in Appropriations Project  
 16                    Request 552. Notwithstanding any law to the contrary, there  
 17                    shall be no recurring funding provided for this Appropriations  
 18                    Project.

19                    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: Happy Workers Learning Center Rehab/Restoration
- 2. Date of Submission: 02/04/2017
- 3. House Member Sponsor: Wengay Newton  
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
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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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:					350,000	350,000

- 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. Office of Early Learning

6. Requester:

- a. Name: Arthur O'Hara
- b. Organization: R'Club Child Care Inc.
- c. Email: aohara@rclub.net
- d. Phone #: (727)578-5437

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

- a. Name: Arthur O'Hara
- b. Organization: R'Club Child Care Inc.
- c. Email: aohara@rclub.net
- d. Phone #: (727)578-5437

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

- a. Name: Laura Boehmer
- b. Firm: Southern Strategy
- c. Email: boehmer@sostrategy.com
- d. Phone #: (727)686-0924

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

- a. Name: R'Club Child Care Inc.
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Pinellas

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

The goal is to rehabilitate an 89 year old preschool facility located in a high poverty area of south St. Petersburg. The center, Happy Workers Learning Center (HWLC) has a long well regarded history of quality preschool, but has fallen on hard times. HWLC is one of historic sites on the African American Heritage Trail that runs through south St. Petersburg. R'Club Child Care, Inc. another local not for profit child care agency with 47 locations through the Tampa Bay area.

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 type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Renovation including some demolition, classroom equipment and	350,000

	furnishing playgrounds	
TOTAL		350,000

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Early Learning Coalition of Pinellas County, City of St. Petersburg, Pinellas Board of County Commissioners, Juvenile Welfare Board of Pinellas County, United Way of the Suncoast and individual donors.

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:

Both the Juvenile Welfare Board and the Pinellas Board of County Commissioners have comprehensive poverty studies and preschool needs identified in this low income area.

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	90% of children will test ready for kindergarten	OEL star literacy & math tool
<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	Expansion renovation will create jobs	Additional hires after projects completion
<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:	350,000	58.3%	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:	150,000	25.0%	Yes
5. Other:	100,000	16.7%	Yes
TOTAL	600,000	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           Happy Workers Learning Center Rehab/Restoration;  
 4           providing an appropriation; providing an effective  
 5           date.

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

8  
 9           Section 1. Happy Workers Learning Center Rehab/Restoration  
 10 is an Appropriations Project as defined in The Rules of The  
 11 Florida House of Representatives and is described in  
 12 Appropriations Project Request 677, herein incorporated by  
 13 reference.

14           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 15 of \$350,000 from the General Revenue Fund is appropriated to the  
 16 Office of Early Learning to fund the Happy Workers Learning  
 17 Center Rehab/Restoration as described in Appropriations Project  
 18 Request 677. Notwithstanding any law to the contrary, there  
 19 shall be no recurring funding provided for this Appropriations  
 20 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: RISE Summer Math Academy - Lake County Schools with Lake-Sumter State College
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Jennifer Sullivan  
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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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:					90,531	90,531

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. Department of Education

6. Requester:

- a. Name: Dr. Susan Moxley, Superintendent
- b. Organization: Lake County Public Schools
- c. Email: moxleys@lake.k12.fl.us
- d. Phone #: (352)253-6515

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

- a. Name: Dr. Susan Moxley, Superintendent
- b. Organization: Lake County Public Schools
- c. Email: moxleys@lake.k12.fl.us
- d. Phone #: (352)253-6515

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

- a. Name: Chris Carmody
- b. Firm: Gray, Robinson
- c. Email: chris.carmody@gray-robinson.com
- d. Phone #: (407)843-8880

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

- a. Name: Lake County Public Schools
- b. County (County where funds are to be expended): Lake
- c. Service Area (Counties being served by the service(s) provided with funding): Lake

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?

RISE is a proposed partnership program between Lake County Schools and Lake Sumter State College. This is a 12-day college-prep academic opportunity designed to increase math skills and accelerate high school students to college-ready status, while providing them with the knowledge, skills, and abilities to accelerate to dual enrollment college credit math courses before graduation. The goal is to increase participants success rates in college credit math courses, retention, and degree completio

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	Program Coordinator	10,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Marketing Brochures and Postage	5,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	12 Teachers and 12 Teacher Assistants	38,520
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	General Supplies & Duplicating Costs, Student Access Fees, and Bus Transportation (4 buses)	33,011

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Lake-Sumter State College Facility Costs	4,000
TOTAL		90,531

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

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

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

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

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 checked="" type="checkbox"/> Improve mental health	Students who participate in this program will obtain additional instruction in Algebra. With this additional knowledge, students will have an increase of confidence and	PERT Exam Scores Report

	improved self-esteem.	
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Students who participate in this program will increase their knowledge of Mathematics, particularly Algebra. They will increase their PERT scores. This will allow students to improve their Algebra grades the following school year	PERT Exam Scores Report
<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:	90,531	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	90,531	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           RISE Summer Math Academy - Lake County Schools with  
 4           Lake-Sumter State College; 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. RISE Summer Math Academy - Lake County Schools  
 10 with Lake-Sumter State College is an Appropriations Project as  
 11 defined in The Rules of The Florida House of Representatives and  
 12 is described in Appropriations Project Request 978, herein  
 13 incorporated by reference.

14           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 15 of \$90,531 from the General Revenue Fund is appropriated to the  
 16 Department of Education to fund the RISE Summer Math Academy -  
 17 Lake County Schools with Lake-Sumter State College as described  
 18 in Appropriations Project Request 978. 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: Grow Your Own Teacher Scholarship
- 2. Date of Submission: 02/03/2017
- 3. House Member Sponsor: Matt Caldwell  
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
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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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:					91,803	91,803

- 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: Gregory Adkins
- b. Organization: School District of Lee County
- c. Email: GregAD@leeschools.net
- d. Phone #: (239)337-8300

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

- a. Name: Christine Christensen
- b. Organization: School District of Lee County
- c. Email: christinech@leeschools.net
- d. Phone #: (239)337-8659

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

- a. Name: Bob Cerra
- b. Firm: Cerra Consulting Group, Inc.
- c. Email: bobcerra@comcast.net
- d. Phone #: (850)222-4428

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

- a. Name: School District of Lee County
- b. County (County where funds are to be expended): Lee
- c. Service Area (Counties being served by the service(s) provided with funding): Lee

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) School District

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

Address the current teacher shortage by creating a new pipeline of qualified public school teachers by recruiting individuals from the community to be served, providing the scholarships to teacher education programs, and then inducting them into employment as fully-prepared teachers.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	1) 4 Year Scholarship - First year of 4, 4-year scholarship at Florida Southwestern State College and Florida Gulf Coast University. (2) 2 Year Scholarship - First year of 3, 2-year scholarship at Florida Southwestern State College and Florida Gulf Coast University.	91,803
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		91,803

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 Florida Gulf Coast University, Florida Southwestern State College, and The Foundation for Lee County Public Schools, Inc.

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	At the end of the four-year project, the program will provide 20 local recruits for entry into teaching profession as fully-qualified teachers	Two-years after graduation, check to see that 100% the scholarship recipients are (a) employed as full-time teachers and (b) rated as

	with local connections.	effective or highly effective.
<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:	91,803	91.5%	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:	8,500	8.5%	Yes
5. Other:	0	0.0%	No
TOTAL	100,303	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           Grow Your Own Teacher Scholarship; 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. Grow Your Own Teacher Scholarship 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 517, herein incorporated by reference.

12           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 13 of \$91,803 from the General Revenue Fund is appropriated to the  
 14 Department of Education to fund the Grow Your Own Teacher  
 15 Scholarship as described in Appropriations Project Request 517.  
 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: Sparsity Funding for Hernando County School District
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Blaise Ingoglia  
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	<b>TOTAL Nonrecurring Request</b> (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:		2,207,566	2,207,566		2,207,566	2,207,566

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: Karen Jordan
- b. Organization: Hernando County School District
- c. Email: jordan\_k@hcsb.k12.fl.us
- d. Phone #: (352)797-7000

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

- a. Name: Joyce McIntyre
- b. Organization: Director of Finance, Hernando County School District
- c. Email: mcintyre\_j@hcsb.k12.fl.us
- d. Phone #: (352)797-7000

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

- a. Name: Brady Benford
- b. Firm: Ballard Partners
- c. Email: Brady@BallardFL.com
- d. Phone #: (850)577-0444

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

- a. Name: Hernando County School District
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando

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) public school district

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

To support educational services and expand course offerings for high school students in Hernando County

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	To hire and retain sufficient instructional staff that will allow the LEA to support a variety of educational programs thereby allowing students equal access to those courses that would most benefit their college and career goals	1,986,790
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Expenses such as travel, equipment, supplies and transportation will be incurred as course offerings and programs are continued	220,776

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,207,566

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	data related to program success and relevant assessment data	The district will coordinate program review annually to ensure programs reach intended targets
<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:	2,207,566	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	2,207,566	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           Sparsity Funding for Hernando County School District;  
 4           providing an appropriation; providing an effective  
 5           date.

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

8  
 9           Section 1. Sparsity Funding for Hernando County School  
 10 District is an Appropriations Project as defined in The Rules of  
 11 The Florida House of Representatives and is described in  
 12 Appropriations Project Request 932, herein incorporated by  
 13 reference.

14           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 15 of \$2,207,566 from the General Revenue Fund is appropriated to  
 16 the Department of Education to fund the Sparsity Funding for  
 17 Hernando County School District as described in Appropriations  
 18 Project Request 932. Notwithstanding any law to the contrary,  
 19 there shall be no recurring funding provided for this  
 20 Appropriations Project.

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

HB 4119

# Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City Year Florida
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Janet Cruz  
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? Yes
- 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	<b>TOTAL Nonrecurring Request</b> (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		1,032,500	1,032,500

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. Department of Education

6. Requester:

- a. Name: Jay Thompson
- b. Organization: City Year
- c. Email: jthompson@cityyear.org
- d. Phone #: (617)927-2675

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

- a. Name: Jay Thompson
- b. Organization: City Year
- c. Email: jthompson@cityyear.org
- d. Phone #: (617)927-2675

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

- a. Name: Stephanie Zauder
- b. Firm: Ballard Partners
- c. Email: stephanie@ballardfl.com
- d. Phone #: (954)817-8007

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

- a. Name: City Year Florida
- b. County (County where funds are to be expended): Duval, Miami-Dade, Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Duval, Miami-Dade, Orange

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?

City Year hires and trains diverse teams of young adults who commit to a year of full-time service in low-income schools where they work as tutors, mentors and role models for students in grades 3-9. For the 2016-2017 school year there are 375 City Year AmeriCorps members serving over 35,000 at-risk students across 36 schools in Florida. State funding would add capacity that would allow City Year to reach more students and provide even more impactful targeted supports in math, ELA, and behavior

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	Appropriations funding would directly support the projected 383 City Year AmeriCorps members who will be serving over 40,000 students across the state during the 2017-2018 year, as well as 30 school-based City Year Impact Managers who add significant capacity to the schools and districts we partner with in three high needs	1,032,500

	Florida districts.	
<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		
<b>TOTAL</b>		<b>1,032,500</b>

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 and Major Organizational Backing

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	<p>According to a Policy Studies Associates study, schools that partner with City Year are up to 2-3 times more likely to improve on state assessments in math and English. These schools gained the equivalent of approximately one month of additional math and English learning, compared to schools that did not partner with City Year. Students working with City Year on literacy or math demonstrated a higher growth rate than the national average for students at their initial proficiency level</p>	<p>Impact Data is reviewed continually throughout the year Enrollment and completion data are reviewed weekly and shared with school partners Student outcome data is reviewed quarterly.</p>
<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 checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	<p>61% of students who complete attendance coaching maintained</p>	<p>Impact Data is reviewed continually throughout the year Enrollment and</p>

	above 90% attendance 71% of students in Jacksonville who participated in behavior coaching either decreased in suspensions or maintained zero 82% of students who participated in behavior coaching in Miami or Orlando decreased suspensions or maintained zero.	completion data are reviewed weekly and shared with school partners Student outcome data is reviewed quarterly.
<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:	1,032,500	6.5%	N/A
2. Federal:	3,800,000	24.0%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	4,000,000	25.3%	Yes
5. Other:	7,000,000	44.2%	Yes

TOTAL	15,832,500	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           City Year Florida; providing an appropriation;  
 4           providing an effective date.

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

7  
 8           Section 1. City Year Florida is an Appropriations Project  
 9 as defined in The Rules of The Florida House of Representatives  
 10 and is described in Appropriations Project Request 1283, herein  
 11 incorporated by reference.

12           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 13 of \$1,032,500 from the General Revenue Fund is appropriated to  
 14 the Department of Education to fund the City Year Florida as  
 15 described in Appropriations Project Request 1283.  
 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: St. Augustine Florida School for the Deaf and Blind -Public Education Capital Outlay - Gregg Hall
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Cyndi Stevenson  
Members Copied: Joseph Abruzzo

#### 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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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:					5,454,359	5,454,359

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: Jeanne Prickett
- b. Organization: Florida School for the Deaf and Blind
- c. Email: prickettj@fsdb.k12.fl.us
- d. Phone #: (904)827-2210

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

- a. Name: Julia Mintzer
- b. Organization: Florida School for the Deaf and Blind
- c. Email: mintzerj@fsdb.k12.fl.us
- d. Phone #: (904)827-2301

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

- a. Name: Patsy Eccles
- b. Firm: Florida School for the Deaf and Blind
- c. Email: ecclesp@ironbridge.net
- d. Phone #: (850)320-1413

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

- a. Name: Florida School for the Deaf and Blind
- b. County (County where funds are to be expended): Saint Johns
- 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) State Agency-FSDB



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

Gregg Hall, the current dormitory, was designed in 1975 and has inadequate toilet/shower group facilities along with numerous life safety and ADA issues. Renovation is determined to not be practical nor cost effective. The proposal is to raze the existing facility and replace with an individual pod design with more appropriate living arrangements. The current building houses 36 students while the proposed new building will accommodate 48 students.

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 type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Gregg Hall Dormitory - Funding is for design, demolition, and new construction.	5,454,359
TOTAL		5,454,359

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)
- For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Government (e.g., police, fire or local government buildings, local roads, etc.)
  - State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
  - Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The Board of Trustees for the Florida School for the Deaf and Blind

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:

Gregg Hall Feasibility Study by Rodriguez Architecture, L.L.C.

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	Increased student achievement through access to education at FSDB	Student Achievement data Individual

	using the Boarding Program, Increased Independent Living skills	Residential Plan Data
<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 checked="" type="checkbox"/> Improve wastewater management	Interior management of sanitary lines which have partially collapsed, replacement will eliminate sewage back-ups into bathroom showers and drains	Reduced service calls, no drain back ups into student showers and toilets
<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):		
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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:	5,454,359	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
<b>TOTAL</b>	<b>5,454,359</b>	<b>100%</b>	

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           St. Augustine Florida School for the Deaf and Blind -  
 4           Public Education Capital Outlay - Gregg Hall;  
 5           providing an appropriation; providing an effective  
 6           date.

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

9  
 10           Section 1. St. Augustine Florida School for the Deaf and  
 11 Blind -Public Education Capital Outlay - Gregg Hall is an  
 12 Appropriations Project as defined in The Rules of The Florida  
 13 House of Representatives and is described in Appropriations  
 14 Project Request 1068, herein incorporated by reference.

15           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 16 of \$5,454,359 from the General Revenue Fund is appropriated to  
 17 the Department of Education to fund the St. Augustine Florida  
 18 School for the Deaf and Blind -Public Education Capital Outlay -  
 19 Gregg Hall as described in Appropriations Project Request 1068.  
 20 Notwithstanding any law to the contrary, there shall be no  
 21 recurring funding provided for this Appropriations Project.

22           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: Head Start Federal Match
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Kionne McGhee  
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
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	<b>TOTAL Nonrecurring Request</b> (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:					300,327	300,327

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: Eileen Fluney
- b. Organization: Paradise Christian School and Development Center, Inc.
- c. Email: imparadiz@gmail.com
- d. Phone #: (305)828-7477

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

- a. Name: Eileen Fluney
- b. Organization: Paradise Christian School and Development Center, Inc.
- c. Email: imparadiz@gmail.com
- d. Phone #: (305)828-7477

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: Paradise Christian School and Development Center
- 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?

To leverage available federal funds in a matching program to continue providing comprehensive early education services to children ages 3 to 5.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Head Start comprehensive services include education, health screening follow ups, social and emotional health counseling, family goal-setting, and services for children with disabilities.	300,327
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,327

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	Students improved behavior, cognitive development, and school preparedness prior to Kindergarten.	A personal, comprehensive learning plan and timeline that would be followed throughout the year. Student facilitators would be charged with implementing the plan to meet SMART Goals.
<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:	300,327	20.0%	N/A
2. Federal:	1,200,949	80.0%	Yes

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	1,501,276	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           Head Start Federal Match; providing an appropriation;  
 4           providing an effective date.

5  
 6   Be It Enacted by the Legislature of the State of Florida:  
 7

8           Section 1. Head Start Federal Match is an Appropriations  
 9 Project as defined in The Rules of The Florida House of  
 10 Representatives and is described in Appropriations Project  
 11 Request 1154, herein incorporated by reference.

12           Section 2. For fiscal year 2017-2018 the nonrecurring sum  
 13 of \$300,327 from the General Revenue Fund is appropriated to the  
 14 Department of Education to fund the Head Start Federal Match as  
 15 described in Appropriations Project Request 1154.  
 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.