



PreK-12 Appropriations Subcommittee Meeting Packet

**March 8, 2017
12:00 p.m. – 3:00 p.m.
116 Knott**



AGENDA
PreK-12
Appropriations Subcommittee

March 8, 2017
12:00 p.m. – 3:00 p.m.
116 Knott

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

HB 2003 Volusia Schools STEM/Blended Learning by Santiago
HB 2669 Makin the Grade by Brown
HB 2855 Youth Empowerment After School and Summer Camp Program by Stafford
HB 2877 Teach For America, Inc by Duran
HB 2993 First Tee Foundation "Comprehensive Health and Mentoring" Program for Disabled and At Risk Youth" (CHAMP) by Avila
HB 3199 Central Florida Zoo & Botanical Gardens Education and Conservation Campus by Brodeur
HB 3261 Lauren's Kids, Inc. - Safer, Smarter Schools and Communities by Nuñez
HB 3331 Supplemental Transportation Funding for Brevard Public Schools by Goodson
HB 3347 Ready Florida by Boyd
HB 3425 Haitian Heritage Museum - Science, Technology, Arts, and Math Pre-College Initiative by Hardemon
HB 3487 Family First - All Pro Dad's Fatherhood Involvement Literacy Campaign by Grant, J.

HB 3671 Johns Hopkins All Children's Hospital Patient Academics Program by Burgess

HB 3757 Rural STEM Education Matching Grant Program by Plasencia

HB 3879 Next Generation Agricultural Education: Student by Clemons

HB 3899 Orlando-Orange County Starbase Mentoring and Science, Technology, Engineering and Mathematics -STEM- Academy by Antone

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: Volusia Schools STEM/Blended Learning
- 2. Date of Submission: 01/12/2017
- 3. House Member Sponsor: David Santiago
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:					25,000	25,000

- 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: Becky Porter
- b. Organization: Volusia County Schools (Edgewater Public School)
- c. Email: rlporter@volusia.k12.fl.us
- d. Phone #: (386)428-2464

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

- a. Name: Becky Porter
- b. Organization: Volusia County Schools (Edgewater Public School)
- c. Email: rlporter@volusia.k12.fl.us
- d. Phone #: (386)428-2464

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

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?

Edgewater Public Elementary is requesting to implement a zSpace lab to further enhance our nationally recognized and certified STEM school program. The integration of this lab will boost the Reading and Science achievement of our Title 1 students. Our school improvement plan focuses on providing students with differentiated, rigorous instruction driven by standards. A strategy to reach our goal is through Digital Blended Learning. Using this zSpace technology will give students this opportunity

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	Purchase of equipment, one-time licensing fee, one-time onsite training and software.	25,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		25,000

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

N/A

14. Is the project request an information technology project?

No

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

Yes

15a. Please Describe:

Letter of support from the City of Edgewater.

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	Improve the reading and science achievement of Title 1 students.	Measuring attendance and test scores.
<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	Increasing quality of education and access to future labor pool increases probability of local economic activity.	Benefit is long term in nature and should produce an increase in economic activity based on local government data.
<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	Education studies have shown a correlation in reduced crime when a child has access to a diversified education.	Diversion could be measured by reduced crime rates from local police.
<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:	25,000	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	25,000	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 Volusia Schools STEM/Blended Learning; 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. Volusia Schools STEM/Blended Learning 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 25, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
13 of \$25,000 from the General Revenue Fund is appropriated to the
14 Department of Education to fund the Volusia Schools STEM/Blended
15 Learning as described in Appropriations Project Request 25.
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: Makin the Grade
2. Date of Submission: 01/25/2017
3. House Member Sponsor: Kamia Brown
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:					150,800	150,800

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: Frank Thompson
- b. Organization: AWCD Youth Central
- c. Email: worship12ft@gmail.com
- d. Phone #: (407)522-6511

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

- a. Name: Frank Thompson
- b. Organization: AWCD Youth Central
- c. Email: worship12ft@gmail.com
- d. Phone #: (407)522-6511

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: Apostolic Worship Child Dev Inc.
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): 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?

Impact graduation success and preparation of feeder patterns for Evans Community School.

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	41,300
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Clerical/Finance Accounting/Insurance supplies/backgrounds	20,000
<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	Volunteer Coordinators x3	30,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	UCF Program Evaluation, mentee/mentor stipends utensils, supplies, menus, facility use fees	53,500
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Consultant/CLFC training	6,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		150,800
-------	--	---------

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?

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:

Evans Community School, UCF, Children's Home Society of Florida, and Orange County Public Schools

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:

Noted in a special report published by Education Week in 2000, "America's schools are under pressure to produce, but ill-equipped to deliver." Additional research has been done concerning persistent poverty, educational inequity and concerns about school violence.

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

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	All participants will complete healthy cooking classes to impact eating habits that improve physical health	Attendance sheets
<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	Mentors shall provide tutoring in reading, math and sciences that will improve quality of education.	Student's GPA
<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.)	Youth involved in after-school programs will receive adult supervision, this removes them from negative behavior during unsupervised hours.	No offenses or arrests
<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 checked="" type="checkbox"/> Reduce recidivism	Neighborhood accountability Board will hold youth accountable to restore damage done, change behaviors that will cause recidivism.	No violations
<input checked="" type="checkbox"/> Reduce substance abuse	All youth will attend Creating Lasting Family Connections, a program approved on the National Registry of Evidence - based Programs and Practices and is also an approved	Increase knowledge

	program through SAMHSA.	
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Youth participating in these positive behaviors are less likely to become involved in criminal behaviors and avoid contact with the Juvenile Justice System.	No involvement with DJJ
<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:	150,800	96.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	5,000	3.2%	Yes
5. Other:	0	0.0%	No
TOTAL	155,800	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 Makin the Grade; providing an appropriation; providing
 4 an effective date.

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

7
 8 Section 1. Makin the Grade is an Appropriations Project as
 9 defined in The Rules of The Florida House of Representatives and
 10 is described in Appropriations Project Request 137, herein
 11 incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$150,800 from the General Revenue Fund is appropriated to the
 14 Department of Education to fund the Makin the Grade as described
 15 in Appropriations Project Request 137. Notwithstanding any law
 16 to the contrary, there shall be no recurring funding provided
 17 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: Youth Empowerment After School and Summer Camp Program
2. Date of Submission: 02/01/2017
3. House Member Sponsor: Cynthia Stafford
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: Saliha Nelson, MEd, Vice President
- b. Organization: Urgent, Inc.
- c. Email: saliha@urgentinc.org
- d. Phone #: (305)205-4605

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

- a. Name: Saliha Nelson, MEd, Vice President
- b. Organization: Urgent, Inc.
- c. Email: saliha@urgentinc.org
- d. Phone #: (305)205-4605

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

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

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

- University or College
- Other (Please describe)

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

The goal of the Youth Empowerment After School and Summer Camp program is to provide 150 elementary and middle school youth an affordable after school and summer camp option for families from Targeted Urban Areas (TUA) within the City of Overtown and Miami Dade County within census tracts with 51% low and moderate income. Quality after school and summer camp programs are one tool that enables low income caregivers to remain in or seek employment. Participant goals include improved reading, social skills and fitness.

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	Grant Management, Compliance, Reporting	20,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Financial Management, Financial Compliance, Reporting	11,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Supplies, Equipment Lease	1,500
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Accounting, Audit, External Evaluation	2,500
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	School Age Childcare Director, Site Coordinators, After School & Summer Camp Counselors,	145,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Supplies, fitness equipment, curriculum, program staff travel,	45,000

	participant transportation, field trips	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Enrichment Specialists, Certified Teachers, Fitness Coaches	25,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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

N/A

14. Is the project request an information technology project?

No

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

Yes

15a. Please Describe:

Letter of Support- The Children's Trust

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons

- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- Other (Please describe)

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	85% improve fitness stamina	Pre/Post PACER test Progressive Aerobic Cardiovascular Endurance Run (PACER)
<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	85% Improve Oral Reading Fluency and Reading Comprehension	Pre/Post- Oral Reading Fluency (ORF) for K-3 grades Pre/Post-MAZE Reading Comprehension for 4-6 grades
<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:	250,000	55.9%	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:	197,000	44.1%	Yes
5. Other:	0	0.0%	No
TOTAL	447,000	100%	

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

Yes

20a. How much state funding would be requested after 2017-18 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

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

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Youth Empowerment After School and Summer Camp
 4 Program; 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. Youth Empowerment After School and Summer Camp
 10 Program is an Appropriations Project as defined in The Rules of
 11 The Florida House of Representatives and is described in
 12 Appropriations Project Request 346, 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 Youth Empowerment After
 17 School and Summer Camp Program as described in Appropriations
 18 Project Request 346. 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: Teach For America, Inc
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? 2015-16
- 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	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					1,500,000	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: Matthew Minnick
- b. Organization: Teac For America
- c. Email: matthew.minnick@teachforamerica.org
- d. Phone #: (850)417-3933

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

- a. Name: Matthew Minnick
- b. Organization: Teac For America
- c. Email: matthew.minnick@teachforamerica.org
- d. Phone #: (850)417-3933

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

- a. Name: Brad Burleson
- b. Firm: Ballard Partners
- c. Email: Brad@Ballardfl.com
- d. Phone #: (850)545-2219

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

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

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

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

- University or College
- Other (Please describe)

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

A state investment of \$1.5M would allow Teach For America ? Florida to continue as a strong partner in Florida?s larger effort to recruit and retain diverse and talented new educators to become highly effective teachers and school leaders in critical shortage areas across the state (STEM and hard to staff schools and districts).

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Approved administrative costs that would not exceed 5% of the total award.	0
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Approved administrative costs that would not exceed 5% of the total award.	75,000
<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 for staff engaged in the programmatic work of recruiting, training, coaching, developing, and retaining Teach For America teachers and school leaders.	925,000

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office supplies, rent, equipment, temporary space rental, utilities, and other expenses related to supporting Teach For America's programmatic work across the state of Florida.	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		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:

Teach For America continues to receive incredible support from our partner schools, school districts, philanthropic communities, colleges and universities, business communities, and education leaders across the state. Some particularly notable examples of this support include:

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 taught by Teach For America teachers demonstrate an additional 3 months of learning in math over the course of one school year, relative to students in other classrooms within their same school. Students with Teach For America teachers demonstrate additional growth in mathematics learning compared to students of other novice teachers	The increased math performance by students as Teach For America teachers was found in two different third-party studies, conducted by the American Institutes for Research and Columbia University respectively. Increased student learning in reading and literacy skills was found in the study conducted by Columbia University.
<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	In 2017, Teach For America will pilot a summer training institute in Miami which will involve a broad coalition of partners and will necessitate the hiring of teacher coaches, advisors, institute staff, and bus drivers.	We will measure the total benefit by the number of job opportunities created.
<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 taught by Teach For America teachers in elementary and middle school are less likely to miss school due to unexcused absences and suspensions.	Evidence found in 2015 study conducted by the American Institutes for Research.
<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	14.1%	N/A
2. Federal:	0	0.0%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	525,000	4.9%	No
4. Local:	1,600,000	15.1%	Yes
5. Other:	7,000,000	65.9%	Yes

TOTAL	10,625,000	100%	
-------	------------	------	--

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

Yes

20a. How much state funding would be requested after 2017-18 over the next 5 years?

<1M

1-3M

>3-10M

>10M

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

1 year

2 years

3 years

4 years

>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

ongoing activity ? no total cost

<1M

1-2M

>2-3M

>3-10M

>10M

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Teach For America, Inc; 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. Teach For America, Inc 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 633, 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 Teach For America, Inc
15 as described in Appropriations Project Request 633.
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: First Tee Foundation "Comprehensive Health and Mentoring" Program for Disabled and At Risk Youth" (CHAMP)
2. Date of Submission: 02/06/2017
3. House Member Sponsor: Bryan Avila
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:					200,000	200,000

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: Charlie DeLucca III
- b. Organization: First Tee Miami Organization
- c. Email: cdiigolf@aol.com
- d. Phone #: (305)785-9029

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

- a. Name: John Reed
- b. Organization: First Tee Miami
- c. Email: jr2golf@bellsouth.net
- d. Phone #: (306)761-6467

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

- a. Name: Susan K.
- b. Firm: Susan Goldstein Consulting, Inc.
- c. Email: skgoldstein@hotmail.com
- d. Phone #: (954)830-6300

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

- a. Name: First Tee Miami Foundation
- 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 provide inclusive programs for developmentally disabled and low income, at risk youth including mentoring, tutoring, health and wellness, core life skills, college preparation.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Participant transportation	20,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	4 staff for literacy and tutoring component 5 staff for healthy habits component	180,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

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:

City of Miami, Miami Dade County Public Schools, Special Olympics, Miami Dade College Wolfson Foundation, Miami Dade County Commission

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	Improve the physical health and wellness, coordination and weight loss for developmentally disabled.	Program attendance and completion. Weight loss and improved stamina.
<input checked="" type="checkbox"/> Improve mental health	Provides opportunities to teach social skills and behavioral plans to include intellectually and developmentally disabled participants in public settings.	Increased communication and social interactions.
<input checked="" type="checkbox"/> Enrich cultural experience	Teaching nine core values taught in golf. Respect, Responsibility, Sportsmanship, Courtesy, etc.	Adherence to group instruction and recognition for demonstrating core life skills and values.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Provide tutoring and mentoring and participation in extracurricular	College preparation and acceptance.

	activities.	
<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.)	At risk and latch key youth are given alternative activities and programs by teaching core values and life skills.	Decrease in crimes and juvenile arrests.
<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	Providing programs after school and during summer when parents are working.	Reduction in crimes and arrests.
<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:	200,000	60.7%	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:	129,500	39.3%	No
TOTAL	329,500	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 First Tee Foundation "Comprehensive Health and
4 Mentoring" Program for Disabled and At Risk Youth"
5 (CHAMP); providing an appropriation; providing an
6 effective date.

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

9
10 Section 1. First Tee Foundation "Comprehensive Health and
11 Mentoring" Program for Disabled and At Risk Youth" (CHAMP) 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 904, herein incorporated by reference.

15 Section 2. For fiscal year 2017-2018 the nonrecurring sum
16 of \$200,000 from the General Revenue Fund is appropriated to the
17 Department of Education to fund the First Tee Foundation
18 "Comprehensive Health and Mentoring" Program for Disabled and At
19 Risk Youth" (CHAMP) as described in Appropriations Project
20 Request 904. Notwithstanding any law to the contrary, there
21 shall be no recurring funding provided for this Appropriations
22 Project.

23 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: Central Florida Zoo & Botanical Gardens Education and Conservation Campus

2. Date of Submission: 02/03/2017

3. House Member Sponsor: Jason Brodeur

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request (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:					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: Philip Flynn III Ed.D.
- b. Organization: Central Florida Zoo & Botanical Gardens
- c. Email: philipflynn@centralfloridazoo.org
- d. Phone #: (407)323-4450

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

- a. Name: Philip Flynn III Ed.D.
- b. Organization: Central Florida Zoo & Botanical Gardens
- c. Email: philipflynn@centralfloridazoo.org
- d. Phone #: (407)323-4450

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: Central Florida Zoo & Botanical Gardens
- b. County (County where funds are to be expended): Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide, Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Saint Johns, Saint Lucie, Santa Rosa, Sarasota, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington

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

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

The Central Florida Zoo and Botanical Gardens (CFZBG) currently offers conservation and education programs based on national and state standards serving 189,000 children grades 1 ? 5 from 5 Central Florida Counties. The demand for these programs beyond grade 5, including at the college level, is present, but there are no facilities at the zoo. Seminole County has donated the land necessary to build this teaching facility that will enable the CFZBG to serve middle and high schools and colleges/u

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	2.2 miles of sewer, water lines, power grid construction.	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:

Seminole County Commissioners, Seminole State College, Seminole County Public Schools, The Foundation For Seminole County Public Schools, Orange County Public Schools, Foundation for OCPS, Volusia County Public Schools, Valencia College, Beacon College, University of Central Florida.

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:

City of Sanford Public Works, Wal-Rose, Inc. Site Prep

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	Interaction with Florida bears	Guest Satisfaction survey
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	More than 196,000 students attend from all of the state of Florida.	Audited attendance from school districts
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Increased bear knowledge	Teacher documentation
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Less human/bear interactions	FWC documentation
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Increase gate admissions	Auditing percentage increase of admissions
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		

<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

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

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	2,000,000	9.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	1,400,000	6.9%	Yes
5. Other:	17,000,000	83.3%	Yes
TOTAL	20,400,000	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 Central Florida Zoo & Botanical Gardens Education and
 4 Conservation Campus; 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. Central Florida Zoo & Botanical Gardens
 10 Education and Conservation Campus is an Appropriations Project
 11 as defined in The Rules of The Florida House of Representatives
 12 and is described in Appropriations Project Request 542, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$2,000,000 from the General Revenue Fund is appropriated to
 16 the Department of Education to fund the Central Florida Zoo &
 17 Botanical Gardens Education and Conservation Campus as described
 18 in Appropriations Project Request 542. 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: Lauren's Kids, Inc. - Safer, Smarter Schools and Communities
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Jeanette Nunez
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

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

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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: Ivette Diaz
- b. Organization: Lauren's Kids, Inc.
- c. Email: ivette@laurenkids.org
- d. Phone #: (786)288-5045

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

- a. Name: Michele Watson
- b. Organization: Watson Policy Solutions
- c. Email: michele@watsonpolicysolutions.com
- d. Phone #: (850)320-2388

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

- a. Name: Ron Book
- b. Firm: Ronald L. Book, P.A.
- c. Email: ron@rlbookpa.com
- d. Phone #: (305)935-1866

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

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

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

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

The Lauren's Kids organization is requesting funds to continue to provide child abuse prevention/personal safety curriculum and educational resources to Florida public schools and to other organizations who receive federal or state funding and work with vulnerable youth populations.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Executive Director	55,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel	2,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Project Management	75,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Communications Director	35,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Printing of materials, curriculum fulfillment, storage, and travel	508,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Videography services for production of education and instructional videos (special needs, human trafficking, teacher training and supports), technical education advisors, online professional development and online resource maintenance	325,000
Fixed Capital Construction/Major Renovation:		

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

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

N/A

14. Is the project request an information technology project?

No

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

Yes

15a. Please Describe:

Lauren?s Kids has extensive support throughout the state. School district staff, principals, teachers, parents, law enforcement and community organizations provide Lauren?s Kids with written and verbal testimony on how the Safer, Smarter Schools curriculum and accompanying family and community resources have helped their students, children or patients protect themselves from childhood sexual abuse.

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:

Townsend, C. (2013). Prevalence and consequences of child sexual abuse compared with other childhood experiences. Charleston, S.C., Darkness to Light. ?The public is likely not fully aware of the magnitude of the problem of child sexual abuse. Seventy-five percent of child sex abuse victims are harmed to the point of traumatization, with lifelong consequences and loss of potential.

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

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health

- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- Other (Please describe): Florida families with school-aged children

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Abuse prevention and early intervention - Victims of child sex abuse are 3 times more likely to develop a mental illness, 20 percent sustain severe psychological issues	See studies referenced in #16 for citation of facts stated to the left; benefit/outcome measured by ability to provide effective prevention education programming and refer

	for life; 65 percent of male victims report developing a substance abuse issue following abuse. Resulting maladaptive behavior is dependent upon duration and severity of abuse, and access to trauma informed care.	victims to appropriate trauma informed care to prevent maladaptive effects of abuse. Quantitative measure is difficult due to medical and minor privacy concerns; qualitative data is available in the form of teacher surveys and feedback from child advocacy center referrals.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Students learn critical personal safety information from educationally sound, standards-aligned curriculum; prevention or early intervention of abuse allows children to escape trauma and improves ability to engage at school.	Safer, Smarter Schools curriculum programs are aligned with Florida Standards and Next Generation Sunshine State Standards; see studies referenced in #16 for references on facts stated on the left. Outcome data available through effectiveness testing and teacher surveys.
<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.)	Prevention of child sexual abuse, and early intervention in cases where abuse does occur.	1 in 3 girls and 1 in 5 boys will become a victim of sexual abuse before age 18; education can prevent 95 percent of initial and subsequent instances of abuse; students who receive prevention/personal safety programming are 3.5 times more likely to disclose abuse and received trauma informed care. Over time, data may be aggregated to explore

		correlation between prevention education and linked societal ills; at this time, third party correlative data is available ? see studies referenced in #16.
<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	Abuse prevention ? Victims of child sex abuse are 2 times more likely to be arrested for a violent crime, and 3 times more likely to abuse drugs.	See studies referenced in #16 for citation of facts stated to the left; benefit/outcome measured by ability to provide effective prevention education programming and refer victims to appropriate trauma informed care to prevent maladaptive and societally harmful effects of abuse.
<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): lower cost to state related sexual abuse efforts - legal, judicial, medical, lost productivity, etc.	Investing in prevention reduces cost of effects of sexual abuse.	The average societal cost to Florida due to child sex abuse is \$1 billion; average lost earnings for victims is \$210,000; See studies referenced in #16 for citation of facts stated to the left.

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

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	90.9%	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:	100,000	9.1%	No
TOTAL	1,100,000	100%	

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

Yes

20a. How much state funding would be requested after 2017-18 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

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

- 1 year
- 2 years
- 3 years
- 4 years
- ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
2 An act relating to the Appropriations Project titled
3 Lauren's Kids, Inc. - Safer, Smarter Schools and
4 Communities; 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. Lauren's Kids, Inc. - Safer, Smarter Schools
10 and Communities is an Appropriations Project as defined in The
11 Rules of The Florida House of Representatives and is described
12 in Appropriations Project Request 1014, herein incorporated by
13 reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
15 of \$1,000,000 from the General Revenue Fund is appropriated to
16 the Department of Education to fund the Lauren's Kids, Inc. -
17 Safer, Smarter Schools and Communities as described in
18 Appropriations Project Request 1014. 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: Supplemental Transportation Funding for Brevard Public Schools

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Tom Goodson

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
	Column: A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					6,800,000	6,800,000

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: Matt Reed
- b. Organization: School Board of Brevard County
- c. Email: reed.matthew@brevardschools.org
- d. Phone #: (321)633-1000

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

- a. Name: Matt Reed
- b. Organization: School Board of Brevard County
- c. Email: reed.matthew@brevardschools.org
- d. Phone #: (321)633-1000

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

- a. Name: Scott Ross
- b. Firm: Capital City Consulting
- c. Email: gross@capcityconsult.com
- d. Phone #: (850)222-9075

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

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

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?

The current transportation funding model does not cover the full costs of transporting 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 checked="" type="checkbox"/> e. Salaries and Benefits	Drivers and others	5,542,680
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Buses/Maintenance	1,257,320
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		6,800,000

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:

School Board meeting discussion on Sept. 23, 2016 and other dates with public comment section in support of corridor busing.

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): Parents

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	Funds intended for classroom expenditures are currently being spent to fund this transportation deficit.	Dollars currently spent to fund this transportation deficit will be spent on salaries and benefits for the classroom.
<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:	6,800,000	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	6,800,000	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 Supplemental Transportation Funding for Brevard Public
4 Schools; 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. Supplemental Transportation Funding for Brevard
10 Public Schools is an Appropriations Project as defined in The
11 Rules of The Florida House of Representatives and is described
12 in Appropriations Project Request 972, herein incorporated by
13 reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
15 of \$6,800,000 from the General Revenue Fund is appropriated to
16 the Department of Education to fund the Supplemental
17 Transportation Funding for Brevard Public Schools as described
18 in Appropriations Project Request 972. 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: Ready Florida
- 2. Date of Submission: 02/06/2017
- 3. House Member Sponsor: Jim Boyd
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
	Column:	A	B	C	D	E
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:					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. Office of Early Learning

6. Requester:

- a. Name: Paul Scharff
- b. Organization: Early Learning Coalition of Manatee County, Inc.
- c. Email: psharff@elc-manatee.org
- d. Phone #: (941)757-2902

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

- a. Name: Marie O'Connell
- b. Organization: Early Learning Coalition of Manatee County, Inc.
- c. Email: moconnell@elc-manatee.org
- d. Phone #: (941)757-2902

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

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

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

- a. Name: Early Learning Coalition of Manatee County, Inc.
- b. County (County where funds are to be expended): Manatee
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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

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

- University or College
- Other (Please describe)

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

Ready Florida!! is a comprehensive approach to improving the preschool child's life and learning by choosing well-trained professionals to provide quality educational experiences, to engage and strengthen families, and systematically meet child health and development 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 ??? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Project Coordinators	30,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Assistant Project Coordinators	40,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Expenses, Travel	20,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	IT	10,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program Instructors, Early Childhood Coordinators	1,500,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Program Fees, Materials	350,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Trainers, Evaluation	50,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
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)

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:

Manatee County Children's Services Advisory Board and United Way Manatee

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): Teen Parents

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	Health Concerns identified early	Wellness, hearing, vision, dental checkups
<input checked="" type="checkbox"/> Improve mental health	Social/emotional well being	Professional counseling as needed
<input checked="" type="checkbox"/> Enrich cultural experience	Improved School Readiness Scores	Kindermusik implemented
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	School Ready- Literacy & Language	Ages & Stages Questionnaire, Minnesota Executive Function Screening, Teaching Strategies GOLD for Kindergarten readiness
<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	Increase in Families Participating	Increased Funding to 6 counties
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	New Jobs Created	Increase in funds available Jobs to 6 counties
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

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

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	2,000,000	92.7%	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:	156,993	7.3%	Yes
5. Other:	0	0.0%	No
TOTAL	2,156,993	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 Ready Florida; providing an appropriation; providing
4 an effective date.

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

7
8 Section 1. Ready Florida is an Appropriations Project as
9 defined in The Rules of The Florida House of Representatives and
10 is described in Appropriations Project Request 920, herein
11 incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
13 of \$2,000,000 from the General Revenue Fund is appropriated to
14 the Office of Early Learning to fund the Ready Florida as
15 described in Appropriations Project Request 920. Notwithstanding
16 any law to the contrary, there shall be no recurring funding
17 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: Haitian Heritage Museum - Science, Technology, Arts, and Math Pre-College Initiative
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Roy Hardemon
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

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

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No
5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Education

6. Requester:

- a. Name: Eveline Pierre
- b. Organization: Haitian Heritage Museum
- c. Email: hhmevents@comcast.net
- d. Phone #: (305)371-5988

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

- a. Name: Serge Rodriguez
- b. Organization: Haitian Heritage Museum
- c. Email: hhmserge@comcast.net
- d. Phone #: (305)371-5988

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: Haitian Heritage Museum
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, 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 STEAM-PCI (Pre College Initiative) in collaboration with NSBE (National Society of Black Engineers) and Microsoft is being implemented in participating Miami Dade County, and Broward public schools year- round, and in summer camps in response to the State of Florida's focus on STEM education and careers. This program is designed to stimulate interest among the underrepresented target population of Dade and Broward students in grades 6-12, in the Sciences, Technology, Arts and Math (STEAM).

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Executive Director/Project Director	45,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Operations Manager Administrative Assistant	65,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Postage/shipping, project related travel, insurance, event and storage space rental, museum website and IT upgrade	39,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Accounting fees associated with bookkeeping, tax filings, and duties related to managing the company's financial records	35,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Education Manager, Archivist, Curator, Exhibit Designer, Executive Director(30% of time), Grants	305,000

	Administrator, Operational Manager (50% of time)	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Distant learning production fees, professional development, program printing, school bus student travel, program equipment purchase and rental, additional program related insurance, additional program related Web and IT, STEM supplies & Materials	226,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	(3) outreach field Educators, Artistic fees, Program Technical production, program evaluation costs, photography and videography costs	285,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

N/A

14. Is the project request an information technology project?

No

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

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?

Yes

16a. Please Describe:

White Paper: Realizing STEM Equity and Diversity through Higher Education - Community Engagement, By: Ira Harkavy, Nancy Cantor, and Myra Burnett - January, 2015

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	Raise awareness of > 800 students	Formative and Summative Evaluation
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Impact >800 students to raise achievement	Formative and Summative Evaluation
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Enhanced skills and careers in technical fields	Formative and Summative Evaluation
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		

<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

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

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	95.2%	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:	50,000	4.8%	No
5. Other:	0	0.0%	No
TOTAL	1,050,000	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 Haitian Heritage Museum - Science, Technology, Arts,
 4 and Math Pre-College Initiative; 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. Haitian Heritage Museum - Science, Technology,
 10 Arts, and Math Pre-College Initiative 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 1263, herein incorporated by reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$1,000,000 from the General Revenue Fund is appropriated to
 16 the Department of Education to fund the Haitian Heritage Museum
 17 - Science, Technology, Arts, and Math Pre-College Initiative as
 18 described in Appropriations Project Request 1263.
 19 Notwithstanding any law to the contrary, there shall be no
 20 recurring funding 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: Family First - All Pro Dad's Fatherhood Involvement Literacy Campaign
2. Date of Submission: 02/01/2017
3. House Member Sponsor: James Grant
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:		500,000	500,000		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: George Woods
- b. Organization: Family First
- c. Email: george@familyfirst.net
- d. Phone #: (813)363-4277

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

- a. Name: George Woods
- b. Organization: Family First
- c. Email: george@familyfirst.net
- d. Phone #: (813)363-4277

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

- a. Name: Eric Prutsman
- b. Firm: Prutsman & Associates, P.A.
- c. Email: eric@prutsmanlaw.com
- d. Phone #: (850)894-6601

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

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

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

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

- University or College
- Other (Please describe)

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

All Pro Dad's will be teaching & encouraging fathers to read to their kids. The key messages will focus on encouraging fathers to be significantly involved in their children's education, and one simple yet powerful way to do this is by reading to, and with, their kids. In addition, Family First - All Pro Dad's will use existing infrastructure and media platforms to deploy a multimedia & digital campaign to advance literacy and fatherhood involvement initiatives.

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	Includes salary and benefits, based on percent of staff time working on project.	116,451
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Includes advertising, outdoor billboards, books, facility lease, employee leasing fee, boxes and shipping costs for books.	252,549
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Includes consultant costs for awareness, results management,	131,000

	production, public relations, advertising placement and in school chapter growth.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

N/A

14. Is the project request an information technology project?

No

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

Yes

15a. Please Describe:

Major organizational backing includes The Dungy Family Foundation, Clear Channel Outdoor, Outfront Media, Lamar Outdoor, Tampa Bay Buccaneers, Jacksonville Jaguars and the athletic departments of FSU, UF, and U. Miami.

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:

From the Department of Child & Family Studies in the College of Behavioral and Community Sciences at the University of South Florida, 91% of survey respondents leaving Family First - All Pro Dad's event said that they are more likely to read to their children in the next 30 days. 91% also said that they are more aware of the importance of reading to their kids as a result of attending a Family First - All Pro Dad's session.

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): Families

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	Track awareness, impressions, positive relational behavioral change, and number of dads reading to their children.	Focus groups, email surveys and rapid response surveys.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Track awareness, impressions, positive relational behavioral change, and number of dads reading to their children.	Response surveys
<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.)	Track awareness, impressions, positive relational behavioral change, and number of dads reading to their children.	Focus groups, email surveys and rapid response surveys.
<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 checked="" type="checkbox"/> Reduce substance abuse	Track awareness, impressions, positive relational behavioral change, and number of dads reading to their children.	Focus groups, email surveys and rapid response surveys.

<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Track awareness, impressions, positive relational behavioral change, and number of dads reading to their children.	Focus groups, email surveys and rapid response surveys.
<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): Strengthen Families	Track awareness, impressions, positive relational behavioral change, and number of dads reading to their children.	Focus groups, email surveys and rapid response surveys.

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	50.0%	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:	500,000	50.0%	No
TOTAL	1,000,000	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 Family First - All Pro Dad's Fatherhood Involvement
 4 Literacy Campaign; 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. Family First - All Pro Dad's Fatherhood
 10 Involvement Literacy Campaign is an Appropriations Project as
 11 defined in The Rules of The Florida House of Representatives and
 12 is described in Appropriations Project Request 341, herein
 13 incorporated by reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$500,000 from the General Revenue Fund is appropriated to the
 16 Department of Education to fund the Family First - All Pro Dad's
 17 Fatherhood Involvement Literacy Campaign as described in
 18 Appropriations Project Request 341. 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: Johns Hopkins All Children's Hospital Patient Academics Program
2. Date of Submission: 02/03/2017
3. House Member Sponsor: Daniel Burgess
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:		100,000	100,000		425,000	425,000

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: Alicia Riggs
- b. Organization: Johns Hopkins All Children's Hospital
- c. Email: ariggs1@jhmi.edu
- d. Phone #: (727)767-4130

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

- a. Name: Alicia Riggs
- b. Organization: Johns Hopkins All Children's Hospital
- c. Email: ariggs1@jhmi.edu
- d. Phone #: (727)767-4130

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

- a. Name: Anita Berry
- b. Firm: Corcoran and Johnston
- c. Email: anita@corcoranfirm.com
- d. Phone #: (301)524-0172

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

- a. Name: Johns Hopkins All Children's Hospital
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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

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

- University or College
- Other (Please describe)

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

The funds will specifically be utilized for instructional services for Florida students during hospitalizations and treatments for long-term, chronic, and life-limiting illnesses. Last year, JHACH received state funding to support hiring 1.5 teachers for the hospital. This request will support an increase to allow for hiring 5 full time teachers to be based at JHACH.

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	5 certified teachers	350,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Curriculum, texts and instructional supplies	75,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		425,000

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:

Anecdotal records and letters of support from patients and families

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): Medically Complex Children

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Improve self-esteem	Patient surveys and anecdotal records
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Instructional Support	Consistent educational enrollment
<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	5 full-time certified teachers	Increase in teaching staff
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Improved educational experience and continuity	Staff will instruct students while hospitalized
<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:	425,000	73.9%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	150,000	26.1%	Yes
TOTAL	575,000	100%	

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

Yes

20a. How much state funding would be requested after 2017-18 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

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

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-2M
- >2-3M
- >3-10M
- >10M

1 A bill to be entitled
 2 An act relating to the Appropriations Project titled
 3 Johns Hopkins All Children's Hospital Patient
 4 Academics Program; providing an appropriation;
 5 providing an effective date.

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

9 Section 1. Johns Hopkins All Children's Hospital Patient
 10 Academics Program is an Appropriations Project as defined in The
 11 Rules of The Florida House of Representatives and is described
 12 in Appropriations Project Request 557, herein incorporated by
 13 reference.

14 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 15 of \$425,000 from the General Revenue Fund is appropriated to the
 16 Department of Education to fund the Johns Hopkins All Children's
 17 Hospital Patient Academics Program as described in
 18 Appropriations Project Request 557. 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: Rural STEM Education Matching Grant Program

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Rene Plasencia

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	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	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Education

6. Requester:

- a. Name: Tom Luna
- b. Organization: Project Lead the Way, Inc
- c. Email: tluna@pltw.org
- d. Phone #: (208)284-0953

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

- a. Name: Jessica Hooper
- b. Organization: Project Lead the Way, Inc
- c. Email: Jhooper@pltw.org
- d. Phone #: (239)272-9101

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

- a. Name: Adam Giery
- b. Firm: Strategos
- c. Email: agiery@strategos.com
- d. Phone #: (407)462-2767

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

- a. Name: Project The Lead the Way, Inc
- b. County (County where funds are to be expended): Baker, Bradford, Brevard, Calhoun, Columbia, DeSoto, Dixie, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Highlands, Holmes, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Martin, Nassau, Okeechobee, Polk, Putnam, Saint Lucie, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Bradford, Brevard, Calhoun, Columbia, DeSoto, Dixie, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Highlands, Holmes, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Martin, Nassau, Okeechobee, Polk, Putnam, Saint Lucie, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington

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

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

Student benefit: Provide skills in computer science, engineering, and biomedical science to prepare students for in demand majors and careers

Teacher benefit: Professional development focused on content and pedagogy to engage with complex curriculum.

Community benefit: The curriculum included is directly applicable to the targeted occupations list and college credit

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input 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	Deploy robotic kits, biomedical sciences materials, and computer science curriculum to 200 rural schools. Curriculum ranges from \$300-\$2000 depending on	1,000,000

	programmatic selection. Schools shall use grant funds to pay for professional development to align with curriculum provided. The breakdown is included below. \$750 for elementary schools \$750 for middle schools \$2000 for high school Computer Science \$2500 for high school Biomedical Science \$3,000 for high school Engineering	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

N/A

14. Is the project request an information technology project?

No

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

Yes

15a. Please Describe:

Project Lead The Way (PLTW) currently serves 30 Florida school districts. Our programs are supported by fortune 500 companies to advance STEM education and to strengthen their talent pipeline. In Florida, a two million dollar investment was made by Lockheed Martin to add PLTW into Orange County Schools. We have letters of support from corporate leaders, superintendents, and parents throughout Florida.

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:

- PLTW students in Texas scored higher on the state's mathematics assessment and were more prepared for higher education institutions in the state. Van Overschelde, Jame P. Et All 2013

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	PLTW contributes to a strong, positive impact on mathematics and science achievement. Source: Thai Report 2012 According to a recent survey of Georgia students, and teachers participating in a state matching grant program; 92% of respondents reported an improved experience in the classroom.	Massachusetts and Georgia have invested in statewide PLTW program opportunities and have used student and teacher surveys to determine improvement in quality of education. Samples surveys may be provided.
<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	PLTW high school graduates are nearly three times as likely to major in STEM versus non-PLTW graduates.	Students earn industry recognized credentials through PLTW including; Autodesk Inventor, Autodesk

	Source: Pike, Gary and Kirsten Robbins 2014	Inventor, Biotechnician Assistant, Florida Engineering Society Professional Cert, and AP PLTW College and Career Credential. More than 100 students last year alone earned the AP PLTW College and Career Ready Credential.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	PLTW graduates are capable of entering the workforce or receive college credit for their industry certification	PLTW tracks through college and career placement data.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

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

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in
-----------------	--------	---	--

			writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,000,000	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 Rural STEM Education Matching Grant Program; providing
 4 an appropriation; providing an effective date.

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

7
 8 Section 1. Rural STEM Education Matching Grant Program is
 9 an Appropriations Project as defined in The Rules of The Florida
 10 House of Representatives and is described in Appropriations
 11 Project Request 1128, herein incorporated by reference.

12 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 13 of \$1,000,000 from the General Revenue Fund is appropriated to
 14 the Department of Education to fund the Rural STEM Education
 15 Matching Grant Program as described in Appropriations Project
 16 Request 1128. 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: Next Generation Agricultural Education: Student
- 2. Date of Submission: 02/03/2017
- 3. House Member Sponsor: Charles Clemons
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	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	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:					1,250,000	1,250,000

- 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: Ronnie Simmons
- b. Organization: Florida FFA Association, Inc.
- c. Email: Ronnie.Simmons@flaffa.org
- d. Phone #: (352)303-7314

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

- a. Name: Ronnie Simmons
- b. Organization: Florida FFA Association, Inc.
- c. Email: Ronnie.Simmons@flaffa.org
- d. Phone #: (352)303-7314

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

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

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

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

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

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

- University or College
- Other (Please describe)

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

This funding request will ensure that nearly 70,000 students enrolled in agricultural education throughout Florida will benefit from programming that will provide premier leadership, personal growth and career success training through their intracurricular involvement with FFA. FFA programming will be enhanced to complement the classroom based learning that takes place in Florida's agriculture classrooms. Additionally, enhancements will be made to the FFA Leadership Training Center to include t

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	\$650,000 will be used to extend FFA affiliation and opportunities to every student enrolled in agricultural education in Florida. \$350,000 will be used to enhance the delivery of premier leadership, personal growth and career success opportunities \$250,00 to upgrade and enhance	1,250,000

	FFA Leadership Training Center	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,250,000

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:

Florida FFA Members (17,700), Florida Agricultural Educators (425), FFA Board of Directors (25), FFA Foundation Board of Directors (25), Agricultural Education Leadership/Team Ag Ed (15), Florida Association of Agricultural Educators/FAAE (125), Florida FFA State Convention (4,500)

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:

University of Florida, Department of Agricultural Education & Communication in conjunction with the Florida FFA Association and state agricultural education leadership conducted a study/survey of Agriculture Education Teachers/FFA Advisors to evaluate the need for student program funding. It was determined that a critical need of funding to support agricultural education/FFA programming for all students to ensure a talent pipeline for agricultural workforce.

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): Funding will provide services to all students (nearly 70,000) enrolled in agricultural education.

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 checked="" type="checkbox"/> Improve agricultural production/promotion/education	Delivery of premier leadership, personal growth and career success opportunities through agricultural education will increase from 18,000 to more than 65,000 students.	FFA student affiliation at the local, state and national level will increase from 18,000 to 65,000 in accordance with public law as measured by the Quality FFA Chapter Report.
<input checked="" type="checkbox"/> Improve quality of education	Every student enrolled in agricultural education in Florida will benefit from the complete agricultural education experience, which includes: Classroom Instruction, Leadership Experiences and participation in a Supervised Agricultural Experience (SAE).	FFA student affiliation at the local, state and national level will increase from 18,000 to 65,000 in accordance with public law as measured by the Quality Chapter 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 checked="" type="checkbox"/> Other (Please describe): FFA Leadership	1. Increase FFA premier leadership, personal growth and career success training opportunities from 18,000 to 65,000 students. 2. Eliminate the need for students to pay out of pocket costs to participate in FFA programming. 3. Educate more citizens regarding agriculture and natural resources including, food production, processing and distribution. 4. Train students to enter critical agricultural career pipeline.	Better support agriculture teachers through program delivery and enhancement

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:	1,250,000	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	1,250,000	100%	

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

No

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

A bill to be entitled
An act relating to the Appropriations Project titled
Next Generation Agricultural Education: Student;
providing an appropriation; providing an effective
date.

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

Section 1. Next Generation Agricultural Education: Student
is an Appropriations Project as defined in The Rules of The
Florida House of Representatives and is described in
Appropriations Project Request 556, herein incorporated by
reference.

Section 2. For fiscal year 2017-2018 the nonrecurring sum
of \$1,250,000 from the General Revenue Fund is appropriated to
the Department of Education to fund the Next Generation
Agricultural Education: Student as described in Appropriations
Project Request 556. Notwithstanding any law to the contrary,
there shall be no recurring funding provided for this
Appropriations Project.

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

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Orlando-Orange County Starbase Mentoring and Science, Technology, Engineering and Mathematics -STEM- Academy
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Bruce Antone
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? 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: Glen Gilzean Jr.
- b. Organization: Central Florida Urban League, Inc.
- c. Email: GGilzean@cful.org
- d. Phone #: (407)841-7654

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

- a. Name: Glen Gilzean Jr.
- b. Organization: Central Florida Urban League, Inc.
- c. Email: GGilzean@cful.org
- d. Phone #: (407)841-7654

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: Central Florida Urban League
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): 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?

The funding would be used to fund a mentoring program for youths (boys and girls ages 8-17) in West Orlando and West Orange County. The program funds would also be used to establish a weekend S.T.E.M. academy to introduce youth to the multitude of careers in the S.T.E.M areas using military personnel, community professionals and leading S.T.E.M. professionals and corporations in the Central Florida (i.e. Orlando and Orange County 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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Funding for Administrative cost responsible for overseeing all administrative implementing the program	20,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	The Director will collaborate with and coordinate all community and resource partners to ensure compliance	35,000
<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	Funds will utilize existing staff to provide administrative oversight of the project, to include ensuring all project site are abiding state	50,000

	regulations.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Appropriation resources will be utilized for expense equipment, travel and supplies critical to accomplishing essential needs of the program	75,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Appropriation funding will be utilized in the category of contracted services as a cost effective alternative to expending limited resources in the delivery of educational, character and human resources service.	70,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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	Collect and prepare a variety of data about student learning through real-world applications of math and science.	Interpret data and develop hypotheses about how to improve student learning, and modify instruction to test hypotheses and increase student 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 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 Orlando-Orange County Starbase Mentoring and Science,
 4 Technology, Engineering and Mathematics -STEM-
 5 Academy; providing an appropriation; providing an
 6 effective date.

7
 8 Be It Enacted by the Legislature of the State of Florida:
 9

10 Section 1. Orlando-Orange County Starbase Mentoring and
 11 Science, Technology, Engineering and Mathematics -STEM- Academy
 12 is an Appropriations Project as defined in The Rules of The
 13 Florida House of Representatives and is described in
 14 Appropriations Project Request 1289, herein incorporated by
 15 reference.

16 Section 2. For fiscal year 2017-2018 the nonrecurring sum
 17 of \$250,000 from the General Revenue Fund is appropriated to the
 18 Department of Education to fund the Orlando-Orange County
 19 Starbase Mentoring and Science, Technology, Engineering and
 20 Mathematics -STEM- Academy as described in Appropriations
 21 Project Request 1289. 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.