

## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 3150

| 1. Project Title                        | Florida Memoria        | I University Math a | and Writing Center  |                           |   |
|---|------------------------|---------------------|---|---------------------------|---|
| 2. Senate Sponsor                       | Shevrin Jones          |                     |   |                           |   |
| 3. Date of Request                      | 03/15/2023             |                     |   |                           |   |
| 4. Project/Program D                    | escription             |                     |   |                           |   |
| FMU students; Impi                      | oved academic per      | formance in math a  | th and writing that will<br>and writing-intensive c<br>oport services among | ourses; Reduce str        | l writing skills among<br>ess and anxiety among |
| 5. State Agency to re                   | ceive requested fu     | ınds Departr        | ment of Education   |                           |   |
| State Agency cont                       | acted? No              |                     |   |                           |   |
| 6. Amount of the Non                    | recurring Request      | for Fiscal Year 2   |   |                           | 1   |
| Type of Funding                         |                        |                     | Amo   |                           | 4   |
| Operations                              |                        |                     |   | 400,000                   | 7   |
| Fixed Capital Outlage Total State Funds |                        |                     |   | 100,000<br><b>500,000</b> |   |
| Total State Fullus                      | Nequesteu              |                     |   | 300,000                   |   |
| 7. Total Project Cost                   | for Fiscal Year 202    | 3-2024 (including   | matching funds ava  | ilable for this proj      | ject)   |
| Type of Funding                         |                        |                     | Amount  | Percentage                |   |
| Total State Funds F                     | Requested (from que    | estion #6)          | 500,000   | 100%                      | ,   |
| Matching Funds                          |                        |                     |   |                           |   |
| Federal                                 |                        |                     | 0   | 0%                        | 7   |
| State (excluding the                    | amount of this requ    | uest)               | 0   | 0%                        | 7   |
| Local                                   |                        |                     | 0   | 0%                        | ₹   |
| Other                                   |                        |                     | 0   | 0%                        | <u> </u>  |
| <b>Total Project Cost</b>               | s for Fiscal Year 20   | 023-2024            | 500,000   | 100%                      | ,   |
| 8. Has this project pr                  | eviously received      | state funding?      | No  |                           |   |
| Fiscal Year                             | Amount                 |                     | Specific  | Vetoed                    | ]   |
| (уууу-уу)                               | Recurring              | Nonrecurring        | Appropriation #   |                           |   |
|   |                        |                     |   |                           | l .   |
| 9. Is future funding li                 | kely to be requeste    | ed?                 | No  |                           |   |
| a. If yes, indicate r                   | nonrecurring amou      | ınt per year.       |   |                           | ]   |
|   | _                      |                     | lieu of state funding   |                           | _   |
| b. Describe the so                      | urce or fullalling the | at can be used in   | neu or state funding  | •                         | 7   |
|   |                        |                     |   |                           |   |
| 10. Has the entity rec                  | uesting this proie     | ct received anv fe  | ederal assistance rela  | ated to the COVID-        | -19 pandemic?                                   |
|   | . 5                    | ,                   |   |                           | •   |
| Yes                                     |                        |                     |   |                           |   |
| If yes, indicate the                    | amount of funds        | received and wha    | at the funds were use   | ed for.                   |   |



11. Status of Construction

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\$18,040,518 spent as of June 30, 2022. The CARES & HEERF funds have been used for direct payments to students, reducing student balances, lost revenue, air quality remediation (HVAC), social distancing, hygiene type expenses (gloves, masks, sanitizer, cleaning & labor associated), remote learning, and remote work devices (tablets, laptops, etc.)

#### Complete questions 11 and 12 for Fixed Capital Outlay Projects

| a. What is the current phase of the project?         |        |  |  |  |  |  |
|--|--------|--|--|--|--|--|
| ○Planning  |        |  |  |  |  |  |
| b. Is the project "shovel ready" (i.e permitted)?    | No     |  |  |  |  |  |
| c. What is the estimated start date of construction? | 8/1/23 |  |  |  |  |  |

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

| Non profit 501(c)(3) |  |  |
|----------------------|--|--|

12/31/23

#### 13. Details on how the requested state funds will be expended

d. What is the estimated completion date of construction?

| Spending Category   | Description   | Amount  |  |  |  |
|---|---|---------|--|--|--|
| Administrative Costs:   |   |         |  |  |  |
| Executive Director/Project Head Salary and Benefits                     |   | 0       |  |  |  |
| Other Salary and Benefits   | Learning Coaches- they will manage the center, train student peer tutors, and also provide personalized attention and support to students. 6 Coaches- 3 for Math and 3 for Writing. | 240,000 |  |  |  |
| Expense/Equipment/Travel/Supplies/Other                                 |   | 0       |  |  |  |
| Consultants/Contracted<br>Services/Study                                |   | 0       |  |  |  |
| Operational Costs: Other  |   |         |  |  |  |
| Salary and Benefits   | Stipend for Student Peer Tutors   | 50,000  |  |  |  |
| Expense/Equipment/Travel/Supplies/Other                                 | Computers and Learning and Test Preparation Software  | 110,000 |  |  |  |
| Consultants/Contracted<br>Services/Study                                |   | 0       |  |  |  |
| Fixed Capital Construction/Major Renovation:                            |   |         |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering                   | Renovation of an existing space into a modern Math & Writing Center for students  | 100,000 |  |  |  |
| Total State Funds Requested (must equal total from question #6) 500,000 |   |         |  |  |  |

#### 14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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|              | workforce develop   | ogram is to support the profe<br>ment certificates and corpora<br>employment strategies there      | ate partners  | hips. The Leaı | rn to Work In  | itiative will align workford | e           |
|--------------|---|--|---------------|----------------|----------------|------------------------------|-------------|
|              | -   | and services will be provide   |               | •              |                |                              | y-          |
|              | Educational Activities and Academic Instruction   |  |               |                |                |                              |             |
|              | c. What direct ser  | vices will be provided to ci   | itizens by t  | he appropriat  | ion project?   | •                            |             |
|              | Participants will be provided with tutoring dedicated to math and writing which are fundamental skills crucial for success.   |  |               |                |                |                              | or success. |
|              | d. Who is the targ  | et population served by thi  | is project?   | How many in    | dividuals ar   | e expected to be serve       | d?          |
|              | The target population to serve are jobless person, economically disadvantaged persons, at-risk youth, homeless persons, grade school students, high school students, university/college students and those persons who are currently formerly incarcerated. The target individuals expected to be served is over 800. |  |               |                |                | ess<br>currently or          |             |
|              | e. What is the exp  | ected benefit or outcome of  | of this proje | ect? What is t | he methodo     | logy by which this out       | come will   |
|              | be measured?  |  |               |                |                |                              |             |
|              | academic performa   | prove the quality of education<br>ance in math and writing inte<br>ention rates. This benefit will | nsive cours   | es. To measuı  | re this benefi | t, we will look at the incre | ved<br>ased |
|              |   | ggested penalties that the   |               |                |                |                              | d penalties |
|              | for failing to meet   | deliverables or performan  | ice measure   | es provided f  | or the contra  | act?                         |             |
|              | Standard penalties  | s will apply   |               |                |                |                              |             |
| 15.          | Requester Contact   | Information  |               |                |                |                              |             |
| ;            | a. First Name   | Jacqueline L   | _ast Name     | Hill           |                |                              |             |
| I            | b. Organization   | Florida Memorial University  | 1             |                |                |                              |             |
| •            | c. E-mail Address   | jacqueline.hill@fmuniv.edu   |               |                |                |                              |             |
| •            | d. Phone Number   | (305)623-4281  | Ext.          |                |                |                              |             |
| <b>16.</b> l | Recipient Contact   | Information  |               |                |                |                              |             |
| ;            | a. Organization   | Florida Memorial University  | /             |                | _              |                              |             |
| I            | b. Municipality and   | d County Miami-Dade  |               |                |                |                              |             |
| (            | c. Organization Ty  | ре   |               |                |                |                              |             |
|              | □For Profit Entity  |  |               |                |                |                              |             |
|              | □Non Profit 501(c   | c)(3)  |               |                |                |                              |             |
|              | □Non Profit 501(c   | :)(4)  |               |                |                |                              |             |
|              | □Local Entity   |  |               |                |                |                              |             |
|              | ☑University or Co   | llege  |               |                |                |                              |             |
|              | □Other (please sp   | pecify)  |               |                |                |                              |             |



17.

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| Cory                         | Last Name   | Whitherspoor  | 1   |  |  |  |
|------------------------------|---|---|---|--|--|--|
| cory.witherspoon@fmuniv.edu  |   |   |   |  |  |  |
| (305)626-3609                |   |   |   |  |  |  |
| Lobbyist Contact Information |   |   |   |  |  |  |
| Yolanda Cash Jackson         |   |   |   |  |  |  |
| Becker & Poliakoff PA        |   |   |   |  |  |  |
| yjackson@beckerlawyers       | .com  |   |   |  |  |  |
| (954)985-4132                |   |   |   |  |  |  |
|                              | cory.witherspoon@fmuniv (305)626-3609  Information  Yolanda Cash Jackson  Becker & Poliakoff PA  yjackson@beckerlawyers | cory.witherspoon@fmuniv.edu (305)626-3609  Information  Yolanda Cash Jackson  Becker & Poliakoff PA  yjackson@beckerlawyers.com | cory.witherspoon@fmuniv.edu (305)626-3609  Information  Yolanda Cash Jackson  Becker & Poliakoff PA  yjackson@beckerlawyers.com |  |  |  |