



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Clearview Elementary Renovation

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

Clearview Elementary Renovation

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Economic Opportunity

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	2,000,000	2,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Renovate a closed school for child care in the high poverty, high crime area of Lealman, FL, located in Pinellas County

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Improve physical health, enrich cultural experience, improve quality of education, and divert youth from criminal/juvenile justice system

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Facilitate in the renovation of Clearview Elementary	2,000,000
TOTAL		2,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Space for athletics, public space for events, onsite tutoring, and increased low cost child care.

e. Who is the target population served by this project? How many individuals are expected to be served?

Elderly persons, persons with poor physical health, economically disadvantaged persons, grade school students and high school students.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Space for low cost child care(Pre-K thru 18 years of age) , after school and summer programs, athletic and public space for events. Attendance in programs and number of events.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Withholding of funds

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Pinellas County School Board

13. Requestor Contact Information:

- a. **Name:** Neil Brickfield
- b. **Organization:** Pinellas County Sheriff's Police Athletic League, INC
- c. **Email:** neil@pinellaspal.com
- d. **Phone Number:** (727)521-5315

14. Recipient Contact Information:

- a. **Organization:** Pinellas County Sheriff's Police Athletic League
- b. **County:** Pinellas
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)



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- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Daniel Mineo

e. E-mail Address: daniel@pinellaspal.com

f. Phone Number: (727)521-5315

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: