

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Building Code Enforcement Training Program

Senate Sponsor: Perry Thurston
 Date of Submission: <u>11/16/2017</u>

4. Project/Program Description:

Pilot program training to prepare the next generation of building inspectors

5. State Agency Contacted? No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Business and Professional Regulation

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
150,000	Tixed capital Outlay	150,000

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

Туре	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): 150,000

9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- 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? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		150,000	150,000

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?

Graduating trained licensed building inspectors to work for local governments

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

Approximately 400 hours of training to be performed at Atlantic Vocational Technical School

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Operational Costs		
☐Salary and Benefits		
☑Expense/Equipment/Travel/Supplies/Other	n/a	150,000
□Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation	
☐Construction/Renovation/Land/Planning Engineering	
TOTAL	150,000

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

Training program for building inspectors who will be working for municipalities.

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

All those who live, visit or work in any and all non exempt buildings in the state of Florida.

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

Fill vacant building inspectors positions and in the future have a ready supply of inspectors.

- 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?

 _No additional state funding for projects.
- 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.

 None.
- 13. Requestor Contact Information:

a. Name: Stephen Pizzillo

b. Organization: Building Officials and Inspectors Educational Association

c. Email: spizzillo@northmiamifl.govd. Phone Number: (954)394-3381

- 14. Recipient Contact Information:
 - a. Organization: Building Officials and Inspectors Educational Association
 - **b. County:** Broward
 - c. Organization Type:
 - O For Profit

 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - O Other (Please specify)
 - d. Contact Name: Stephen Pizzillo



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e. E-mail Address: spizzillo@northmiamifl.gov

f. Phone Number: (954)394-3381

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

a. Name: None
b. Firm: None
c. Email:

d. Phone Number: