



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Revert and Re-Appropriate Funds for Mount Zion Early Education Pilot

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

THIS IS NOT A NEW REQUEST. This is a request to revert and re-appropriate the unexpended balance of funding provided in the 2017- 2018 fiscal year to be used for the same purpose in the 2018-2019 fiscal year.

In order to close the education gap in St. Petersburg, this project seeks to improve early learning through Mt Zion Baptist Church which is already a feeder early care and education site to one of the failing schools in St. Petersburg. This pilot program will involve a quality improvement program targeted for some of the highest risk and under resourced neighborhoods in South St. Petersburg. This program will address a series of issues, ranging from early development, school readiness,

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

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
1,000,000		1,000,000

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):** 1,000,000

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) 1



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- 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? No  
e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY <b>2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			1,000,000
			1,000,000

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

Yes

- a. If yes, indicate non-recurring amount per year.

1,000,000

### 11. Program Performance:

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

To implement a relationship-based caregiving curriculum in a maximally effective manner. Support the use of trauma informed practices in the classroom. To provide therapeutic intervention with the family and child to restore relationship functioning, process trauma and toxic stress and repair cycles of violence, substance use and mental health functioning. To provide in-classroom assistance to teachers and staff to augment the execution of evidence based early care and education practices. To promote family and child level well-being and to engage fathers and families in the care and education of their children through programs and projects aimed at family strengthening.

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

Family engagement through therapy of at risk youth, and early childhood intervention. By providing education to the families of infants and children, the cyclical impact of intergenerational trauma can be reversed, and the effect of this on our public schools can be minimized.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		



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<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Executive director	60,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Assistant director, administrative assistant, and kitchen/maintenance staff	83,730
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Teachers, specialists, and consultants	451,765
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Programming	404,505
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

Instructional technical assistance, trauma-informed early care practices, infant/early childhood mental health consultations, infant-family mental health intervention, training and coaching assistance, and family engagement and father involvement initiatives.

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

At risk youth who have felt the impact of trauma, poverty, community violence, substance use, and intergenerational trauma that debilitates parenting capacity and inhibits parental responses to a young persons needs.

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

To close the education gap in south St. Petersburg and bring the failing schools in St. Petersburg above failing status. This will be measured by the annual grading of schools.

**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?**



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Terminate Contract

- 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.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Louis Murphy
- b. **Organization:** Mt. Zion Human Services, Mt. Zion Progressive Baptist Church
- c. **Email:** Lmurphy@mzprogressive.org
- d. **Phone Number:** (727)415-1148

**14. Recipient Contact Information:**

- a. **Organization:** Mt. Zion Human Services, Mt. Zion Progressive Baptist Church
- b. **County:** Pinellas
- c. **Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. **Contact Name:** Louis Murphy
- e. **E-mail Address:** Lmurphy@mzprogressive.org
- f. **Phone Number:** (727)415-1148

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

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