



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Technical & Strategic Assistance to Haitian American Businesses

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 01/22/2018

4. **Project/Program Description:**

The Program is aimed at providing customized business knowledge, skills, and other competencies to existing Haitian-American businesses in Florida to help them prosper. The funds will be used to deliver a series of small business development and comprehensive workshops (10) to assist Haitian-American companies that are based in South Florida. These interactive, community based and value added workshops will be delivered by subject matter experts, selected by the Haitian-American Chamber of Commerce, covering various topics such as: efficient use of technology to leverage operating model, financial management, business accounting, necessary licenses and permits needed to properly operate a specific business, access to various types of capital markets aimed at developing capacity of small business enterprises, business insurance coverage, and access to certain industry state and local certifications, including Women Owned and Minority Business certification(s).

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 Economic Opportunity

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		150,000

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):** 150,000



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9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- 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 Worksheet.

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:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

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

Yes

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

\$150,000. Once a successful track record is established, plan is to expand program to other small businesses in the Orlando and Tampa area.

11. Program Performance:

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

Facilitate the development of a strategic and growth implementation plan by each program participant for their specific business. Increase code compliance, certification, and overall employment level among the participating small businesses.

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

We will conduct eight (8) customized workshops as a forum for strategic thinking for 50 selected small business participants on running the most efficient operations, capacity building and enterprise growth planning. Each workshop will be customized to address specific topics within the life cycle of small businesses. Workshop will be developed and facilitated by Subject Matter Experts with full appreciation for participants markets and cultural differences.

- How will the funds be expended?

Spending Category	Description	Amount
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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 checked="" type="checkbox"/> Consultants/Contracted Services/Study	Setting up and scheduling of workshops by contracted services.	6,450
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies for workshops	7,500
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Workshops design and delivery by contracted Subject Matter Experts (SMEs) in Industry and Academia. Subsidies to allow Program Participants to enroll in certain entrepreneurial seminars relevant to their industry that may be provided by other external sources.	136,050
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

The program is aimed at building capacity and a solid foundation for existing Haitian-American businesses doing business in the State of Florida to scale their operations. Specific Direct Services to be received by participating small businesses and benefits to the community at large include: one-on-one consultation on proper licenses and permits needed to run certain operations, customized training on use of technology to deliver a higher quality of customer service, one-on-one business specific strategic planning sessions, hands on experience in developing a feedback survey to gain valuable insights from prospects and customers, hands on training on financial performance record keeping, budget forecasting and tax fillings, direct interactions



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between participating enterprises and businesses from other communities aimed at enlarging network and potential client base for those participating enterprises.

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

The target population for this program is existing Haitian American businesses that have the potential for growth, increase capacity and employment as a result of participating in the program. Various studies have shown that customized training designed with a cultural understanding of participants' backgrounds and the inner working of their communities yield the greatest returns once the acquired knowledge is applied by training participants in the service of growing their operations.

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

A total of 50 Haitian American businesses based in South Florida will be recruited to participate in the program. Outcome measurements for this program are specific and measurable. Eight (8) customized workshops will be delivered over a nine-month period. Those outcome measurements will comprise of pre and post training participation questionnaires, tally of the number of workshops attended by each participant and the increase in overall business management acumen, percentage of previously non-compliant businesses that have now become compliant with the permitting and licensing requirements of their industry as a result of participating in the program, the number of new employees hired by participating businesses as a result of the program, the percentage increase of payroll taxes paid by the Group's participating enterprises compared to prior year based on verified filings.

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?

The standard penalties in place for noncompliance are sufficient.

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:** Donard St Jean
- b. **Organization:** Haitian American Chamber of Commerce of Florida (HACCOF)
- c. **Email:** dsjean@haccof.com
- d. **Phone Number:** (305)467-7480

14. Recipient Contact Information:

- a. **Organization:** Haitian American Chamber of Commerce of Florida (HACCOF)
- b. **County:** Miami-Dade
- 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) 501(c)(6)

d. Contact Name: Donard St. Jean

e. E-mail Address: dsjean@haccof.com

f. Phone Number: (305)467-7480

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: