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

1. Title of Project: Commercial Initiatives for a Free Cuba

2. Senate Sponsor: Bill Galvano

3. Date of Submission: <u>01/22/2018</u>

4. Project/Program Description:

Develop a study of commercial initiatives in a free Cuba for the state of Florida in compliance with the Rule of Law

### 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	Total Amount of
	Fixed Capital Outlay	Requested State Funds
250,000		250,000

#### 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): <u>250,000</u>

#### 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.



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

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: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

### 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?

<u>Develop a study of commercial initiatives in a free Cuba for the state of Florida in compliance with the Rule of Law.</u>

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

This is a study which is going to require the hiring of qualified professionals and academics to properly study Florida's commercial initiatives in a free Cuba in compliance with the Rule of Law.

### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and Benefits	Principal Investigator/Co-investigator	120,000
☑Other Salary and Benefits	Administrative/Research	90,000
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Operational Costs		
☐Salary and Benefits		
☑Expense/Equipment/Travel/Supplies/Other	Projected cost of expenses	15,000



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

☑Consultants/Contracted Services/Study	Consultants	25,000
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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

<u>Direct services will include data analysis and recommendations based on studying exporting opportunities for</u> Florida in a free Cuba.

- e. Who is the target population served by this project? How many individuals are expected to be served?
  - The unemployed and economically disadvantaged. Greater than 800 individuals.
- f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
  - <u>Increase or improve economic activity</u>. <u>Information for Florida residents interested in exporting to a free</u> Cuba.
- 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?

  Forfeiture of funds if outcomes not achieved.
- 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: Jaime Suchlicki
  - b. Organization: <u>Cuban Studies Institute, Inc.</u>c. Email: jsuchlicki@cubanstudiesinstitute.com
  - **d. Phone Number:** (786)803-8007
- 14. Recipient Contact Information:
  - a. Organization: Cuban Studies Institute, Inc.
  - **b.** County: Miami-Dade
  - c. Organization Type:
    - O For Profit
    - Non Profit 501(c) (3)
    - O Non Profit 501(c) (4)



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

O Local Entity

O University or College

O Other (Please specify)

d. Contact Name: Jaime Suchlicki

e. E-mail Address: jsuchlicki@cubanstudiesinstitute.com

f. Phone Number: (786)803-8007

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

a. Name: Noneb. Firm: Nonec. Email:

d. Phone Number: