



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2646

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The purpose of the History of Cuba and the Cuban American Experience Teacher Summer Institute is to provide 200 teachers in Miami-Dade County Public Schools with the knowledge and skills to provide instruction regarding the history of Cuba and the impact of Cuban Americans in Miami and the nation.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	152,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>152,000</b>

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	152,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>152,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	63,000	100	No

9. **Is future funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes

**If yes, indicate the amount of funds received and what the funds were used for.**



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ESSER and ARP to address academic recovery and unfinished learning for students.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

**11. Status of Construction**

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)? No

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

**12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

**13. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	The Director of Social Sciences for Miami-Dade County Public Schools (M-DCPS) takes the lead in collaborating with stake holders on a task-force and implementing the professional development experience for teachers accordingly. This is an in-kind contribution from M-DCPS.	0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	In-Service Reimbursement 100 (amount of stipend) X 200 (teachers) x 5 (days)	100,000
Expense/Equipment/Travel/Supplies/Other	Fringes on In-Service Reimbursement (\$10,400) 2 teacher experts per grade band = 4 teacher experts 5 days of planning and 5 days of PD Delivery/pedagogical assistance Approximately \$150 per day = (\$6,000) Hospitality/Facilities, Rental = (\$20,093) Fringes on Hourly (\$1,507) Supplies (\$4,000) 4 (teachers) X 10 (days) X 150 (per day)	42,000
Consultants/Contracted Services/Study	Funds for Content experts. 2 per day @ 1000 each day (content experts- could be repeated expert for multiple days) 2 X 1000 per day) x 5 (days)	10,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>152,000</b>

**14. Program Performance**

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



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Miami-Dade County Public Schools seeks to expand the annual Cuban-American Studies Institute for 200 teachers from 3 to 5 days of Professional Development on Cuban American Studies and implemented in partnership with Florida International University.

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

5 days of In-Service for teachers, pedadgogical assistance, content experts, and hospitality/facilities rental.

**c. What direct services will be provided to citizens by the appropriation project?**

Participating teachers will increase their capacity to serve the largest student immigrant group in Miami-Dade. The first 3 days of the In-Service will continue to offer analysis of the political and economic history that has influenced Cuba and the region [inclusive of Miami and Florida] and the additional 2 days will allow for cultural analysis and historical social information regarding Cuba. Middle and High school students will ultimately benefit from the professional development teachers receive in this institute.

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

The target population are 200 middle and high school Social Studies teachers each summer.

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

The expected outcome and benefit of this project are to enrich the cultural experience and improve the quality of education for students to learn about Cuban American History as part of their Social Studies Middle and High School courses. This outcome will be measured through formal evaluations and surveys that teachers, students and parents will complete.

**f. 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 the contract?**

Return of funds.

**15. Requester Contact Information**

- a. **First Name**  **Last Name**
- b. **Organization**
- c. **E-mail Address**
- d. **Phone Number**  **Ext.**

**16. Recipient Contact Information**

- a. **Organization**
- b. **Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College



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Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**