



# The Florida Senate

## Recurring (Base) Project - Review and Evaluation

### Fiscal Year 2023-2024

**Instructions:** Please respond to each item below and email the completed form by Friday, February 17, 2023 to [senateappropriations@laspbs.state.fl.us](mailto:senateappropriations@laspbs.state.fl.us). If you have questions, please contact the applicable Senate Appropriations Committee Staff Director at 850-487-5140.

1. **Project / Program Name**

2. **Project / Program Description**

3. **Total Project / Program Cost for Fiscal Year 2022-2023 (including matching funds)**

Type of Funding	Amount	Percentage
Total <i>Recurring</i> State Funds Received		%
<b>Matching Funds</b>		
Federal		%
State (other than this <i>recurring</i> appropriation)		%
Local		%
Other		%
<b>Total Project / Program Costs</b>		%

4. **Is future-year state funding needed to continue this project/program?**    **Yes**    **No**

a. List any potential sources of funding that can be used in lieu of state funding.



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5. Provide details on how the FY 2022-23 recurring state funds plan to be expended.

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Total Recurring State Funds</b>		



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#### 6. Program Performance

a. What specific purpose or goal has been achieved by the state funds received?

b. What activities and services have been provided to meet the intended purpose of these state funds?

c. Who is the target population served by this project? How many individuals are served annually?

7. Complete the following table regarding executive compensation. Include the Executive Director/Entity Leader and three other highest compensated staff/contract employees. Identify all funding sources for each and amounts by source.

Title	Annual Salary	Funding Source



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#### 8. 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
  - Other (please specify)

- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

9. Is the Program/Organization identified in Florida Statutes? Yes No

**If yes, provide the statutory reference.**

#### 10. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.

*Please note this form is a public record and may be disclosed upon request.*