



# The Florida Senate

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

1. **Title of Project:** University of Central Florida Community Partnership Schools

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

Project will provide funding operations in Community Partnership Schools across the state of Florida and continue funding for the Center for Community Schools at the University of Central Florida.

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
2,522,570		2,522,570

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	732,645	22.5%
TOTAL	732,645	22.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,255,215

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) 4

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.



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

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

Yes

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

Yes, non-recurring \$5,000,000 plus per year as Community Partnership Schools development increases.

**11. Program Performance:**

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

To improve school academic performance, student behavior, health and achievement in under performing schools and challenged communities using an evidence-based model.

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

Statewide Community Partnership School planning and implementation efforts in which services are provided to youth, their families, and the surrounding community on the school campus. Services include integrated supports, extended day tutoring, mentoring, enrichment behavior, health, medical, dental, parent resources and empowerment, other.

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

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Lead Director	105,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Admin. Coordinator	152,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	In state travel, 1conference for two people, supplies, professional development for	62,000



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	statewide directors	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Consultants including evaluation of project	89,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Subcontracts with Community Partnership Schools statewide to sustain development begun and to expand to new Community Partnership Schools in state.	2,114,570
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>2,522,570</b>

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

Statewide Community Partnership School planning and implementation efforts in which service are provided to youth, their families, and the surrounding community on the school campus. Service include integrated student supports, extended day tutoring, mentoring, enrichment, behavioral health, medical, dental, parent resources and empowerment, other.

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

Students and families of multiple Community Partnership Schools statewide. >10,000 students

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

Greater community investment (25% community match required), improvement in attendance, behavior, and academic achievement, improved graduation rate (for high 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?**

Loss of contract



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**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.**

Does Not Apply

**13. Requestor Contact Information:**

- a. **Name:** Amy Beth Ellis
- b. **Organization:** University of Central Florida
- c. **Email:** Amy.Ellis@ucf.edu
- d. **Phone Number:** (407)823-2723

**14. Recipient Contact Information:**

- a. **Organization:** University of Central Florida
- b. **County:** Orange
- 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:** Amy Beth Ellis
- e. **E-mail Address:** Amy.Ellis@ucf.edu
- f. **Phone Number:** (407)823-2723

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

- a. **Name:** Dan Holsenbeck
- b. **Firm:** University Of Central Florida
- c. **Email:** danh@ucf.edu
- d. **Phone Number:** (407)247-9421