



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** African Cultural and Community Center

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 01/16/2018

4. **Project/Program Description:**

African Cultural and Community Center

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 State

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
180,000	32,000	212,000

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):** 212,000

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.



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

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

Yes

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

\$212,000

11. Program Performance:

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

Funds to procure a community building for the provision of cultural/social welfare programs for community empowerment

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

To facilitate and improve intercultural learning in the form of arts, music, food, and dance programs

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Community Director	52,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Receptionist	25,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies/Equipments	10,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted Services	20,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Operational/Project Manaer	43,000



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies/Equipment	20,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Consultant Services	10,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Renovation/Buildout	32,000
TOTAL		212,000

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

Educational/social welfare programs to improve intercultural learning in the form of arts, music, food, and dance

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

The community and municipality where the center is located. Will serve who so ever seeks to participate.

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

The community will be empowered and expand its intercultural heritage through the various programs.

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?

Denial of future grants.

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.

Nigerian American Foundation (NAF)

13. Requestor Contact Information:

- a. **Name:** Dr. Yinka Tella
- b. **Organization:** Nigerian American Foundation (NAF)
- c. **Email:** globaltellinc@gmail.com
- d. **Phone Number:** (954)736-6676

14. Recipient Contact Information:

- a. **Organization:** Nigerian American Foundation (NAF)
- 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)

d. Contact Name: Dr. Yinka Tella

e. E-mail Address: globaltellinc@gmail.com

f. Phone Number: (954)736-6676

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: