



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** MLK Day on Service

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

A day on not a day off. Martin Luther King Jr Service Day community volunteer project.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Economic Opportunity

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
1,000,000		1,000,000

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):** 1,000,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY <u>2017-18</u>
------------	--



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

	(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.

\$1,000,000

11. Program Performance:

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

Completing community service projects and to encourage community volunteerism.

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

Funds pay for supplies needed to complete community service projects in Hillsborough, Pinellas, Manatee, and Sarasota counties.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Program Manager and Staff	167,100
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Service projects material and operational cost	832,900
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

Various volunteer projects that help improve the neighborhoods and communities. Permanent and non permanent projects.

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

Lower economically disadvantaged populations of the city, primarily in the urban corridors.

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

To create and encourage a culture of volunteerism in economically challenged communities.

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?

If the groups that are approved for the funds do not deliver the agreed upon outcome, they will not be reimbursed for the funds.

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:** Edward Woodruff
- b. **Organization:** St. Petersburg College
- c. **Email:** Woodruff.edward@spcollege.edu
- d. **Phone Number:** (727)638-3577

14. Recipient Contact Information:

- a. **Organization:** St. Petersburg College
- b. **County:** Hillsborough, Manatee, Pinellas, Sarasota
- c. **Organization Type:**



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☒ University or College
- ☐ Other (Please specify)

d. Contact Name: Edward Woodruff

e. E-mail Address: Woodruff.edward@spcollege.edu

f. Phone Number: (727)638-3577

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: