



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Latin Chamber of Commerce CAMACOL

2. **Senate Sponsor:** Rene Garcia

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

4. **Project/Program Description:**

The mission of CAMACOL is to foster the entrepreneurial spirit of Florida's Hispanic and minority communities by conducting programs to strengthen business activity, promote economic development, facilitate international commerce, and serve the needs of the small and minority business sectors in the State of Florida.

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
400,000		400,000

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	450,000	52.9%
Other	0	0.0%
TOTAL	450,000	52.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 850,000

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? 2016-17

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

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.

\$400,000

11. Program Performance:

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

Program creates jobs and fosters economic activity in Florida's international business sector.

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

Marketing, seminars, business trips, attending international conferences, etc.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Director compensation	70,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Program Operations	330,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

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

Economic and business development activities

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

Florida's Small and Minority Business Community

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

Job creation and retention. Performance based contract based on deliverables

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?

Financial consequences until quarterly deliverables are met.

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: Patricia Arias
- b. Organization: CAMCOL
- c. Email: patricia@camacol.org
- d. Phone Number: (305)642-3870

14. Recipient Contact Information:

- a. Organization: CAMCOL
- b. County: Miami-Dade
- c. Organization Type:
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity



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☐ University or College

☐ Other (Please specify)

d. Contact Name: Patricia Arias

e. E-mail Address: patricia@camacol.org

f. Phone Number: (305)642-3870

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

a. Name: Manny Reyes

b. Firm: PereiraReyes

c. Email: Manny@pereirareyes.com

d. Phone Number: (305)282-9199