



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1883

1. **Title of Project:** MLK Day on Service
2. **Senate Sponsor:** Darryl Rouson
3. **Date of Submission:** 02/13/2019
4. **Project/Program Description:**
Martin Luther King Jr Service Day community volunteer project.
5. **State Agency to receive requested funds :** Department of Economic Opportunity
State Agency Contacted? Yes
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	850,000
Fixed Capital Outlay	
Total State Funds Requested	850,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	850,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020	850,000	100.0%

8. **Has this project previously received state funding? Yes**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19	650,000	250,000	126/2333A	No

9. **Is future-year funding likely to be requested? Yes**
 - a. **If yes, indicate non-recurring amount per year. 1,000,000**

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other	Service projects material and operational costs.	850,000
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning		
Engineering		
Total State Funds Requested (must equal total from question #6)		850,000

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
Completing community service projects and encouraging 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. **What are the direct services to be provided to citizens by the appropriations project?**
Various volunteer projects that help improve neighborhoods and communities. Permanent and non-permanent projects.
- d. **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.
- e. **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.
- f. **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. Standard contract penalties for the contract between the state agency and the organization will be sufficient.

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:** DR. MISTY KEMP
- b. **Organization:** St. Petersburg College



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c. **E-mail Address:** kemp.misty@spcollege.edu

d. **Phone Number:** (727)614-7056

14. Recipient Contact Information:

a. **Organization:** St. Petersburg College

b. **County:** Hillsborough, Manatee, Pinellas, Sarasota

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:** DR. MISTY KEMP

e. **E-mail Address:** kemp.misty@spcollege.edu

f. **Phone Number:** (727)614-7056

15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**