



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2238

1. **Title of Project:** Florida Hispanic Chamber of Commerce
2. **Senate Sponsor:** Manny Diaz
3. **Date of Submission:** 02/27/2019
4. **Project/Program Description:**
The program will create jobs and foster economic development in Florida's Hispanic business community, including enhancing international business opportunities with Latin America.
5. **State Agency to receive requested funds :** Department of Economic Opportunity
State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	
Total State Funds Requested	400,000

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)	400,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	400,000	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** Yes
 - a. If yes, indicate non-recurring amount per year. \$400,000

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Director compensation	60,000



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Program operations	340,000
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)		400,000

11. Program Performance:

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

Creating jobs and fostering economic development in Florida's Hispanic business community.

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

Promoting the economic advancement of Florida's Hispanic business community and improving the quality of life of every Hispanic individual in Florida in coordination with local Hispanic chambers of commerce and business associations.

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

Economic development activities.

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

Florida's hispanic business community.

e. 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.

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?

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.

Florida Hispanic Chamber of Commerce.

13. Requestor Contact Information:

a. Name: Julio Fuentes

b. Organization: Florida Hispanic Chamber of Commerce



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c. **E-mail Address:** julio@fhsc.com

d. **Phone Number:** (561)618-8966

14. Recipient Contact Information:

a. **Organization:** Florida Hispanic Chamber of Commerce

b. **County:** Statewide

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:** Julio Fuentes

e. **E-mail Address:** julio@fhsc.com

f. **Phone Number:** (561)889-6655

15. Lobbyist Contact Information

a. **Name:** Paul Lowell

b. **Firm Name:** Converge Government Affairs

c. **E-mail Address:**

d. **Phone Number:** (850)459-3829