



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Cost of Education Index Study

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 10/25/2017

4. **Project/Program Description:**

To conduct an impartial third-party (out-of-state) DCD study through the Florida Department of Education.

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 Education

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
100,000		100,000

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):** 100,000

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)

c. What is the most recent fiscal year the project was funded? 2017-18

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

e. Complete the following Worksheet.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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:		100,000	100,000

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

No

11. Program Performance:

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

To conduct an impartial third-party study to develop a cost of education index which focuses on cost differences integral to educational institutions' operations reflecting such costs as average teacher salaries, health insurance for employees, property insurance per FTE, and transportation costs per FTE.

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

Research study conducted

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<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		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Florida's Cost of Education Index Study	100,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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

none

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

K-12 students

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

Developing a state cost of education index which focuses on cost differences integral to educational institutions' operations reflecting such costs as average teacher salaries, health insurance for employees, property insurance per FTE, and transportation costs per FTE.

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?

None.

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.

none

13. Requestor Contact Information:

- a. Name: Iraida R. Mendez-Cartaya
- b. Organization: The School Board of Miami-Dade County, Florida
- c. Email: imendez@dadeschools.net
- d. Phone Number: (305)995-1497

14. Recipient Contact Information:

- a. Organization: Florida Department of Education
- b. County: Statewide
- c. Organization Type:
 - For Profit
 - Non Profit 501(c) (3)



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify) State Agency

d. Contact Name: Pam Stewart

e. E-mail Address: commissioner@fldoe.org

f. Phone Number: (850)245-0505

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

a. Name: Iraida R.

b. Firm: The School Board of Miami-Dade County, Florida

c. Email: imendez@dadeschools.net

d. Phone Number: (305)995-1497