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:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>100,000</td>
<td></td>
<td>100,000</td>
</tr>
</tbody>
</table>

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</td>
</tr>
<tr>
<td>Column:</td>
<td>A</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td></td>
</tr>
</tbody>
</table>

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 | | |
      | ☐Executive Director/Project Head Salary and Benefits | | |
      | ☐Other Salary and Benefits | | |
      | ☐Expense/Equipment/Travel/Supplies/Other | | |
      | ☐Consultants/Contracted Services/Study | | |
      | Operational Costs | | |
      | ☐Salary and Benefits | | |
      | ☐Expense/Equipment/Travel/Supplies/Other | | |
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:
       O For Profit
       O Non Profit 501(c) (3)
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