



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Kids N Touch Exploration Program

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 11/12/2017

4. **Project/Program Description:**

Educational Workshops tied into Field Experiences throughout the year

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
30,400		30,400

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):** 30,400

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

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:			

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

Yes

a. If yes, indicate non-recurring amount per year.

30,400

11. Program Performance:

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

Our mission is to create an environment that fosters shared responsibility with all stakeholders, promote student achievement and empower our students to awaken their gifts & talents through hands on opportunities along with aligned field experiences

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

8 week summer Workshops with Highly Qualified Educators, Parental Workshops, Group Counseling & Field Experiences tied with hands on opportunities. (Exploration Summer Scholarship towards low income families).

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Salary	10,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input checked="" type="checkbox"/> Salary and Benefits	Salaries	8,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Transportation for Field Experiences	5,400
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Educational Workshops aligned with Field Experiences	7,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		30,400

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

Educational Workshops for parents, students (coding, robotics, art, culinary, aviation and financial preparations).

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

Our program targets students who are free or reduced lunch. (Financially Disadvantage)

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

Our expected outcome is providing underprivileged students with resources, workshops and field experiences which will assist with exposure along with awakening their gifts and or talents through our Exploration Program. Surveys will be given to all stakeholders, along with personal testimonies to measure the outcome of our program.

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.

N/A

13. Requestor Contact Information:

- a. **Name:** Falicie Dirosier
- b. **Organization:** Kids N Touch Academy
- c. **Email:** fefedirosier@yahoo.com
- d. **Phone Number:** (786)319-1294



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

14. Recipient Contact Information:

a. **Organization:** Kids N Touch Academy

b. **County:** Miami-Dade

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:** Falicie Dirosier

e. **E-mail Address:** kidntouchacademy@yahoo.com

f. **Phone Number:** (786)319-1294

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

a. **Name:** None

b. **Firm:** None

c. **Email:**

d. **Phone Number:**