1. **Title of Project:** Mwen Aktiv
2. **Senate Sponsor:** Daphne Campbell
3. **Date of Submission:** 11/13/2017
4. **Project/Program Description:**
   To promote healthy living through exercise, education, music and dance
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 State
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>50,000</td>
<td></td>
<td>50,000</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):** 50,000

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.
### Local Funding Initiative Request - Fiscal Year 2018-2019

**The Florida Senate**

<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?

Yes

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

$50,000

#### 11. Program Performance:

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

The goal of this program is to enhance the quality of life of the community through dance, education, and health.

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

The activities and services provided will include dance and fitness classes, performances, events for the youth and elderly, workshops, economical support for the drummers and performers.

**c. How will the funds be expended?**

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑Executive Director/Project Head Salary and Benefits</td>
<td>The manager will plan, execute, and manage this project.</td>
<td>26,000</td>
</tr>
<tr>
<td>☑Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>☑ Salary and Benefits</th>
<th>Driver/Transportation</th>
<th>8,200</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Expense/Equipment/Travel/Supplies/Other</td>
<td>Travel expenses, space rental, insurance, marketing/promotional materials</td>
<td>10,000</td>
</tr>
<tr>
<td>☑ Consultants/Contracted Services/Study</td>
<td>Drummers, instructors, choreographers and speakers.</td>
<td>5,800</td>
</tr>
</tbody>
</table>

Fixed Capital Construction/Major Renovation

☐ Construction/Renovation/Land/Planning Engineering

TOTAL 50,000

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

The direct services to citizens will be transportation to and from the dance classes for instructors, drummers, and those attending workshops and performances.

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

The target population are the youth, adults and the elderly. When participating in the classes about 30 people attend per week. The performances will include over 200 attendees and the festivals over 1,000.

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

The target population are the youth, adults and the elderly. When participating in the classes about 30 people attend per week. The performances will include over 200 people and the festivals over 1,000.

**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?**

The suggested penalty would be to seek legal action when a contract has not been honored.

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:** Nancy St. Leger
b. **Organization:** NSL Danse Ensemble, Inc
c. **Email:** Nstleger9@gmail.com
d. **Phone Number:** (786)273-5704
14. **Recipient Contact Information:**
   a. **Organization:** NSL Danse Ensemble, Inc
   b. **County:** Miami-Dade
   c. **Organization Type:**
      - ☒ Non Profit 501(c) (3)
      - ☐ For Profit
      - ☐ Non Profit 501(c) (4)
      - ☐ Local Entity
      - ☐ University or College
      - ☐ Other (Please specify)
   d. **Contact Name:** Nancy St. Leger
   e. **E-mail Address:** Nstleger9@gmail.com
   f. **Phone Number:** (786)273-5704

15. **If there is a registered lobbyist, fill out the lobbyist information below.**
   a. **Name:** Nancy St.
   b. **Firm:** NSL Danse Ensemble, Inc
   c. **Email:** Nstleger9@gmail.com
   d. **Phone Number:** (786)273-5704