



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Hurricane Recovery and Rebuilding Volunteer Effort

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 01/15/2018

4. **Project/Program Description:**

To restore, mobilize, and rebuild the Caribbean and provide assistance to those displaced by Hurricane Irma and other natural disasters. This program is developed through requests for training and technical assistance by local and regional entities.

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?
Executive Office of the Governor

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
400,000		400,000

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	419,670	51.2%
TOTAL	419,670	51.2 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 819,670

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.

\$400,000

11. Program Performance:

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

To restore, mobilize, and rebuild the Caribbean and provide assistance to those displaced by Hurricane Irma and other natural disasters.

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

Provide housing for those displaced by Hurricane Irma and its catastrophic effects.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Administrative Oversight	20,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Fiscal and Administrative	54,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Administrative Rate for the Organization - 15%	60,000
<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	Program Implementation staff	114,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Training and Technical Assistance	152,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

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

Shelter, medical supplies, water, food, and educational services for those directly impacted and displaced by hurricanes.

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

More than 800,000; Elderly persons, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, preschool students, grade school students, high school students, and university/college students.

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

Improve physical and mental health by assisting local organizations with reducing physical health visits to hospitals by surveying physicians and mental health providers. Improve agricultural and production/promotion/education by providing technical assistance to farmers and agricultural associations to rebuild farming operations and practices by surveying farmers and industry partners. Protect the general public from harm (environmental, criminal, etc.) by providing technical assistance to public safety by emergency management officials; decrease crime; improve living conditions by surveying the public, elected officials, and emergency management. Increase or improve economic activity by assisting local business to recover from disasters by surveying local business chambers and area businesses. Improve mitigation and recovery management by increasing the knowledge level of training, based on baseline and impact assessments.

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 standard penalties in place for noncompliance are sufficient.

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



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

13. Requestor Contact Information:

- a. **Name:** Demian Pasquarelli
- b. **Organization:** Florida Association for Volunteer Action in the Caribbean and the Americas
- c. **Email:** demian@favaca.org
- d. **Phone Number:** (850)536-6630

14. Recipient Contact Information:

- a. **Organization:** Florida Association for Volunteer Action in the Caribbean and the Americas
- 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:** Demian Pasquarelli
- e. **E-mail Address:** demian@favaca.org
- f. **Phone Number:** (850)536-6630

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

- a. **Name:** Taylor Biehl
- b. **Firm:** Capitol Alliance Group, Inc.
- c. **Email:** taylor@capitolalliancegroup.com
- d. **Phone Number:** (850)224-1660