



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Knowledge of Careers

2. **Senate Sponsor:** Daphne Campbell

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

4. **Project/Program Description:**

A career exposure and workforce development nonprofit for Miami Dade County high school students

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
50,000		50,000

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):** 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.



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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.

50,000

11. Program Performance:

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

These funds will allow our teenage entrepreneurs to build their prototypes into full fledged businesses

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

Provide our students with weekly mentorship from experienced entrepreneurs.

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 and benefits covered by other sources	10,000
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Transporting students to CIC Miami building	2,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracting with expert entrepreneurs	10,000
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office Space for student entrepreneurs	15,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Field trips to offices and universities	13,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		50,000

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

Mentorship in entrepreneurship and workplace skills

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

This project serves low-income public high school students in Dade County

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

Students will gain essential problem solving, collaboration, and communication skills

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 contracting agency might become ineligible for contract renewal

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: Andrew Tripodo
- b. Organization: Knowledge of Careers
- c. Email: andrew@knowledgeofcareers.org
- d. Phone Number: (786)201-1963

14. Recipient Contact Information:

- a. Organization: Knowledge of Careers
- b. County: Miami-Dade
- c. Organization Type:



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- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Andrew Tripodo

e. E-mail Address: andrew@knowledgeofcareers.org

f. Phone Number: (786)201-1963

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: