



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Puerto Rico Hurricane Maria Relief Effort

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/13/2017

4. **Project/Program Description:**

Provision of assistance to Puerto Ricans and residents of the Virgin Islands arriving in the State of Florida as a result of the devastation caused by Hurricane Maria.

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 Economic Opportunity

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
160,000		160,000

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	50,000	23.8%
Other	0	0.0%
TOTAL	50,000	23.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 210,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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?

No

11. Program Performance:

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

To inform individuals and families arriving in the State of Florida as a result of Hurricane Maria through websites, printed material and social media of resources available to them, and to facilitate the basic needs and services in areas such as housing, food and clothing, employment, education and medical care.

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

The hiring of an Outreach Officer as well as a Social Worker to meet with arrivals to determine and document their requirements. The coordination of a network of agencies and institutions (employment, clinics/hospitals, school boards, etc.) for referrals and services. Provision of vouchers to assist low/moderate income individuals with immediate needs.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Program Director salary and payroll taxes	25,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Bookkeeping / Financial officer salary and payroll taxes	15,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	Outreach & Intake officers salaries and payroll taxes	22,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies, travel and Direct Services	58,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Hiring Social worker as outside consultant	40,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		160,000

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

The hiring of a Social Worker to service arrivals, the coordination of a network of agencies and institutions (employment, clinics/hospitals, school boards, etc.) for referrals, and provision of vouchers to assist low/moderate income individuals with immediate needs.

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

The target population is individuals and families arriving in the State of Florida from Puerto Rico and the Virgin Islands as a direct result of Hurricane Maria who will be remaining as Florida residents. We expect to assist 120 individuals.

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

The ability for arrivals to meet their basic needs of food, shelter, medical and educational needs. These needs include their short term as well as long term housing and employment requirements to facilitate their permanent re-location to Florida. Careful record keeping and review by the Program Director and an Advisory Committee will ensure Program Service goals are reached.

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?

Withhold payments

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: Luis De Rosa

b. Organization: Dynamic Community Development Corporation



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- c. Email: info@dynamiccdc.com
- d. Phone Number: (305)576-0010

14. Recipient Contact Information:

- a. Organization: Dynamic Community Development Corporation
- 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: Luis De Rosa
- e. E-mail Address: info@dynamiccdc.com
- f. Phone Number: (305)576-0010

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone Number: