



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Little Havana Activities and Nutrition Centers' Child Care Program

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

The purpose of this program is to provide subsidy for children who receive child day care services at any of LHANC's child care centers. Services will be offered to working poor families, providing them with access to safe, quality services. Children of low-income families will be prepared to compete on an equal basis with other children of better economic means.

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? Office of Early Learning

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
100,000		100,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	731,610	62.2%
State (excluding the amount of this request)	99,666	8.5%
Local	20,000	1.7%
Other	225,553	19.2%
TOTAL	1,076,829	91.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,176,829

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18



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d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

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:		57,000	57,000

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

Yes

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

TBD

11. Program Performance:

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

Working poor families will have access to reduced cost child care services

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

This is a subsidy service. The purpose is to provide \$40 weekly subsidy to working poor families whose children wish to attend our child learning center.

c. How will the funds be expended?

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



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Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Funds requested will be used to provide a subsidy for children who receive child day care services. Subsidy will be \$40 for 48 children for 52 weeks.	100,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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

\$40 weekly subsidy for a 1 year period for families who qualify for the benefit

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

Approximately 50 working poor families

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

Outcome: Access to affordable quality child care services. Methodology: Proof of family income not exceeding 200% of the federal poverty level; at least 1 household member who is employed; or at least 1 educational class; or 1 household member actively seeking employment.

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?

Not funding the request a subsequent year.

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: Rafael Iglesias

b. Organization: Little Havana Activities & Nutrition Centers of Dade County, Inc.



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- c. Email: Rlglesias@Lhanc.org
- d. Phone Number: (305)858-0887 Ext. 1274

14. Recipient Contact Information:

- a. Organization: Little Havana Activities & Nutrition Centers of Dade County,
- 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: Betty Ruano
- e. E-mail Address: BRuano@Lhanc.org
- f. Phone Number: (305)858-0887 Ext. 1274

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

- a. Name: Andreina Figueroa
- b. Firm: ADF Consulting
- c. Email: ADF@ADFConsulting.com
- d. Phone Number: (786)586-7001