



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** CDC of Tampa – Work Readiness Training

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

Provide job training and placement services to at-risk, transitional and or youth ages 18 to 24

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
342,200	55,000	397,200

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

Type	Amount	Percent
Federal	150,000	25.1%
State (excluding the amount of this request)	0	0.0%
Local	50,000	8.4%
Other	0	0.0%
TOTAL	200,000	33.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 597,200

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) 1

c. What is the most recent fiscal year the project was funded? 2014-15

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

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.

\$150,000

11. Program Performance:

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

Improved educational attainment, job opportunities and improved activity

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

Employ-ability Skills Training, industry recognized certification and job placement

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Allocation of 1 FTE	11,500
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Allocation of 5 FTE's	217,925



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Environmental technology equipment, gear or supplies	64,775
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Instructors for certifications	48,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Renovate 3,500 sq ft training space	55,000
TOTAL		397,200

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

providing youth (age 18 to 24) with employability skills, industry recognized certifications and job placement.

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

Low-income, youth age 18 to 24. 150 youth served

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

Increased educational attainment - certifications and job creation

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?

All funds not expensed will be forwarded to Department of Education

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.

CDC of Tampa a 501 C3 is the owner of the facility

13. Requestor Contact Information:

- a. **Name:** Ernest M. Coney Jr.
- b. **Organization:** Corporation to Develop Communities of Tampa, Inc
- c. **Email:** Ernest.coney@cdcoftampa.org
- d. **Phone Number:** (813)231-4362

14. Recipient Contact Information:

- a. **Organization:** Corporation to Develop Communities of Tampa, Inc
- b. **County:** Hillsborough
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)



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- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Ernest M. Coney Jr.

e. E-mail Address: Ernest.coney@cdcoftampa.org

f. Phone Number: (813)231-4362

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

a. Name: Karen Skyers

b. Firm: Becker Poliakoff

c. Email: kskyers@blegal.com

d. Phone Number: (813)304-9463