

Local Funding Initiative Request - Fiscal Year 2018-2019

Title of Project: No One Left Behind
 Senate Sponsor: Daphne Campbell
 Date of Submission: 11/16/2017

4. Project/Program Description:

Summit Vision Foundation will partner with two career training schools to train economically disadvantaged individuals and veterans, their spouses, and their dependents for employment in the insurance industry and the real estate industry.

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
150,000		150,000

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

Туре	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): 150,000

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? 2017-18
- 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:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		150,000	150,000

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?

Summit Vision Foundation will partner with two career training schools to train economically disadvantaged individuals and veterans, their spouses, and their dependents for employment in the insurance industry and the real estate industry.

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

Career Training in the insurance and real estate industries.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and Benefits	Project Management/Administrator will be responsible for monitoring & dispersing funds.	15,000
□Other Salary and Benefits		
☑Expense/Equipment/Travel/Supplies/Other	Career Training Schools - Premier Coast Real Estate School & First Coast School of Insurance will provide services to citizens.	135,000



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□Consultants/Contracted Services/Study	
Operational Costs	
☐Salary and Benefits	
□Expense/Equipment/Travel/Supplies/Other	
□Consultants/Contracted Services/Study	
Fixed Capital Construction/Major Renovation	
☐Construction/Renovation/Land/Planning Engineering	
TOTAL	150,000

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

Career Training in the insurance and real estate industries.

- e. Who is the target population served by this project? How many individuals are expected to be served?
 - <u>51-100 Economically disadvantaged persons. Students will be exposed to different ethnic, socio-cultural, and socio-economic factors.</u>
- f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
 - Students will be exposed to different ethnic, socio-cultural, and socio-economic factors.
- 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.

 N/A
- 13. Requestor Contact Information:

a. Name: Melissa Chester

b. Organization: <u>Summit Vision Foundation</u>
c. Email: <u>summitvisionfoundation@gmail.com</u>
d. Phone Number: (850)322-8330 Ext. 322833

- 14. Recipient Contact Information:
 - a. Organization: Summit Vision Foundation



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- b. County: Baker, Clay, Duval, Nassau, Saint Johns
- c. Organization Type:
 - O For Profit
 - Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - O Other (Please specify)
- d. Contact Name: Melissa Chester
- e. E-mail Address: summitvisionfoundation@gmail.com
- f. Phone Number: (850)322-8330 Ext. 322833
- 15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Noneb. Firm: Nonec. Email:

d. Phone Number: