



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Children in Action "Literary and Science Enrichment Routines" (LASER)

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/08/2018

4. **Project/Program Description:**

Literary activities to enhance reading English, enhance science education in the areas of general science technology, engineering and mathematics, and effective college preparatory courses. attendees will be school-aged children (ages 6 through 18) that will be given hands-on, experiential lessons, field trips and presentations in respective curricular areas.

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
200,000		200,000

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):** 200,000

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?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:			

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

Yes

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

200,000

11. Program Performance:

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

The project's goal is to aid school aged children who predominantly live in low-income homes/zip codes, to become literate in reading English, enhance science education in the areas of general science, technology, engineering and mathematics, and provide effective college preparatory courses, in a nurturing and safe, yearlong afterschool and summer enrichment program.

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

Program liability insurance, student snacks/meals, inspection fees (i.e. DCF, Fire, etc.)

- 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 administration, including but not limited to subcontractor supervision and payment, program efficacy and compliance, intergovernmental relations	20,000



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	(Due to multiple municipalities involved in housing programs.)	
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted services to include property vetted, insured and proven educational services company that hires all site/program personnel including tutors, coordinators, counselors, etc. to ensure appropriate programming and supervision of children.	120,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Program liability insurance, students snacks/meals, inspection fees (i.e DCF, Fire, etc.), curriculum (i.e. iReady reading, SRA, Sciencethaurus, College Prep materials, etc.), computer tablets where necessary, S.T.E.M. materials(telescope, robotics parts, model rockets, math manipulatives, etc.), field trip expenses, etc.;	60,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000



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

Improve mental health; Students will use educational routines to focus concentration; achieve success in areas of non-success thereby increasing self-worth and positive mental outlook, as well as garnering self esteem. Improved grades on report cards and progress reports, especially in effort and conduct.

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

100-200

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

Fewer angry outbursts, better attendance in school, positive outlook in general. All to be reviewed by student/parent/teacher/schools counselor questionnaire and/or interview. Report cards and progress reports.

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 until deliverables are met.

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:** Zoe Prieto
- b. **Organization:** Children in Action
- c. **Email:** fundacionnca@gmail.com
- d. **Phone Number:** (786)554-9090

14. Recipient Contact Information:

- a. **Organization:** Children in Action
- 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:** Zoe Prieto
- e. **E-mail Address:** fundacionnca@gmail.com
- f. **Phone Number:** (786)554-9090

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



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- a. Name:** Eddy Gonzalez
- b. Firm:** Suncity Strategies
- c. Email:** Egonzalez102@yahoo.com
- d. Phone Number:** (786)351-5849