1. **Title of Project:** School Resource Officer for Doctors Charter School of Miami Shores

2. **Senate Sponsor:** Jason Pizzo

3. **Date of Submission:** 02/05/2019

4. **Project/Program Description:**
   
   Salary and other related costs associated with employing a School Resource Officer.

5. **State Agency to receive requested funds:** Department of Education

   State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>120,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>120,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>120,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>120,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** Yes
   
   a. If yes, indicate non-recurring amount per year. $120,000.

10. **Details on how the requested state funds will be expended**

    | Spending Category Administrative Costs: | Description | Amount |
    |-----------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits |             |        |
    | Other Salary and Benefits                |             |        |
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

Operational Costs:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Benefits</td>
<td>Salary and other related costs associated with employing a School Resource Officer</td>
</tr>
</tbody>
</table>

Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

Fixed Capital Construction/Major Renovation:
Construction/Renovation/Land/Planning Engineering

Total State Funds Requested (must equal total from question #6) 120,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   School safety for junior and senior high school students.

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

c. What are the direct services to be provided to citizens by the appropriations project?
   School safety.

d. Who is the target population served by this project? How many individuals are expected to be served?
   Approximately 600 junior and senior high school students.

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

f. 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?
   Return funds to the State.

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.

   Miami Shores Village owns the Charter for Doctors Charter School that is overseen by the Charter School Board.

13. Requestor Contact Information:

a. Name: Tom Benton
b. Organization: Miami Shores Village
c. E-mail Address: bentont@msvfl.gov
d. Phone Number: (305)754-6437
14. **Recipient Contact Information:**
   a. **Organization:** Miami Shores Village
   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:** Tom Benton
   e. **E-mail Address:** bentont@msvfl.gov
   f. **Phone Number:** (305)754-6437

15. **Lobbyist Contact Information**
   a. **Name:** Jonathan Kilman
   b. **Firm Name:** Gomez Barker Associates, Inc
   c. **E-mail Address:** fgomez@gomezbarker.com
   d. **Phone Number:** (305)905-9801