1. **Title of Project:** Florida Memorial University Aviation and Safety

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 02/06/2019

4. **Project/Program Description:**

   Florida Memorial University is requesting funds to assist employers and employees attain professional development training through higher education courses and credentialing in aerospace. The goal of this program is to help fill the shortages in pilots and air traffic controllers in the nation and around the world.

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>1,488,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>1,012,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>2,500,000</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>2,500,000</td>
<td>83.33%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>500,000</td>
<td>16.67%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>3,000,000</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?** No

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

    | Spending Category Administrative Costs: | Description | Amount  |
    |----------------------------------------|-------------|---------|
    | Executive Director/Project Head Salary and Benefits | Program Director to manage and execute the goals and objectives | 150,000 |
    | Other Salary and Benefits               |             |         |
11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Flight training and air traffic control training, assist students who are unable to pay for tuition to attend college. Provide flight certificates to produce new pilots, and train air traffic controllers. This will help eliminate the shortage in the nation and around the world in these fields.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Provide access to postsecondary degrees and credentials to improve knowledge and skills. Flight training and air traffic control training.

c. What are the direct services to be provided to citizens by the appropriations project?
   Flight training and air traffic control training

d. Who is the target population served by this project? How many individuals are expected to be served?
   Jobless, economically challenged persons, high school graduates, at risk youth, career change and university/college student

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Number of flight hours logged; number of individuals completing course and/or certifications.

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?
   None.

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.

FLORIDA MEMORIAL UNIVERSITY
13. Requestor Contact Information:
   a. Name: William E. Hopper, Ph.D.
   b. Organization: Florida Memorial University
   c. E-mail Address: William.Hopper@fmuniv.edu
   d. Phone Number: (305)626-3701

14. Recipient Contact Information:
   a. Organization: Florida Memorial University
   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: Vena Symonette-Johnson
   e. E-mail Address: vena.symonette@fmuniv.
   f. Phone Number: (305)623-1440

15. Lobbyist Contact Information
   a. Name: Yolanda Cash-Jackson
   b. Firm Name: Becker & Poliakoff, P.A.
   c. E-mail Address: yjackson@bplegal.com
   d. Phone Number: (954)985-4132