1. **Title of Project:** MLK Day on Service
2. **Senate Sponsor:** Darryl Rouson
3. **Date of Submission:** 02/13/2019
4. **Project/Program Description:**
   Martin Luther King Jr Service Day community volunteer project.
5. **State Agency to receive requested funds:** Department of Economic Opportunity
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>850,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>850,000</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>850,000</td>
<td>100.00%</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></td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>850,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>650,000</td>
<td>250,000</td>
<td>126/2333A</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. 1,000,000

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

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Completing community service projects and encouraging community volunteerism.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Funds pay for supplies needed to complete community service projects in Hillsborough, Pinellas, Manatee, and Sarasota Counties.

c. What are the direct services to be provided to citizens by the appropriations project?
   Various volunteer projects that help improve neighborhoods and communities. Permanent and non-permanent projects.

d. Who is the target population served by this project? How many individuals are expected to be served?
   Lower economically disadvantaged populations of the city, primarily in the urban corridors.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   To create and encourage a culture of volunteerism in economically challenged communities.

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?
   If the groups that are approved for the funds do not deliver the agreed upon outcome, they will not be reimbursed for the funds. Standard contract penalties for the contract between the state agency and the organization will be 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: DR. MISTY KEMP
b. Organization: St. Petersburg College
c. E-mail Address: kemp.misty@spcollege.edu  

d. Phone Number: (727)614-7056

14. Recipient Contact Information:
   a. Organization: St. Petersburg College  
   b. County: Hillsborough, Manatee, Pinellas, Sarasota  
   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: DR. MISTY KEMP  

e. E-mail Address: kemp.misty@spcollege.edu  

f. Phone Number: (727)614-7056

15. Lobbyist Contact Information
   a. Name: None  
   b. Firm Name: None  
   c. E-mail Address:  
   d. Phone Number: