1. **Title of Project:** Everglades Restoration Workforce Training Program

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 02/20/2019

4. **Project/Program Description:**
   A grant program funding educational and workforce education opportunities for citizens surrounding Lake Okeechobee. Funding received will allow for continued technical and skills training, outside of agriculture, for individuals in the agriculture community.

5. **State Agency to receive requested funds:** Department of Economic Opportunity
   State Agency Contacted? Yes

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>1,700,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>1,700,000</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>1,700,000</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>1,700,000</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 Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>1,500,000</td>
<td>2184A</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. $1,700,000

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

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | Administrative Costs: | | |
Executive Director/Project Head Salary and Benefits
Other Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study
**Operational Costs:**
Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Equipment (simulators), medical supplies, textbooks/computers, marketing of programs, tuition
Consultants/Contracted Services/Study
**Fixed Capital Construction/Major Renovation:**
Construction/Renovation/Land/Planning Engineering

| Total State Funds Requested (must equal total from question #6) | 1,700,000 |

11. **Program Performance:**

   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
      
      Education and workforce training for citizens who live in the area surrounding Lake Okeechobee.

   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      
      Technical and skills trainings for individuals, outside of agriculture training, either currently employed in agriculture and/or individuals seeking employment opportunities outside of the agriculture industry.

   c. **What are the direct services to be provided to citizens by the appropriations project?**
      
      Education and workforce training opportunities.

   d. **Who is the target population served by this project? How many individuals are expected to be served?**
      
      Citizens surrounding the region of Lake Okechobee - more than 800 individuals.

   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
      
      By improving individuals' training and education and providing them with greater opportunities for employment (higher salaries, etc), it will provide for more self-sufficiency and economic growth and development to the region.

   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?**
      
      Standard contract penalties.

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:** Tammy Jackson-Moore
   b. **Organization:** The LORE Group - Guardians of the Glades
   c. **E-mail Address:** guardiansoftheglades@gmail.com
   d. **Phone Number:** (561)914-0311

14. **Recipient Contact Information:**
   a. **Organization:** Florida Department of Economic Opportunity
   b. **County:** Palm Beach
   c. **Organization Type:**
      - [ ] For Profit
      - [ ] Non Profit 501(c) (3)
      - [ ] Non Profit 501(c) (4)
      - [ ] Local Entity
      - [ ] University or College
      - [ ] Other (Please specify) DEO
   d. **Contact Name:** Danielle McNeil
   e. **E-mail Address:**
   f. **Phone Number:** (850)245-7498

15. **Lobbyist Contact Information**
   a. **Name:** Rebecca DeLaRosa
   b. **Firm Name:** Palm Beach County
   c. **E-mail Address:** rdelarosa@pbcgov.org
   d. **Phone Number:** (850)284-7235