



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2573

1. **Project Title** Key West Collegiate Academy Building

2. **Senate Sponsor** Anitere Flores

3. **Date of Request** 02/06/2020

4. **Project/Program Description**

Key West Collegiate Academy High School Educational Facility

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

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	500,000	100 %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2573

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Operational Costs: Other		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Safety and Instructional Capital Improvements to expand educational offerings at Key West Collegiate (also known as Somerset Island Prep) Educational Facility	<input style="width: 90%;" type="text" value="500,000"/>
Total State Funds Requested (must equal total from question #6)		<input style="width: 90%;" type="text" value="500,000"/>



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2573

11. Program Performance

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

Capital Improvements for Key West Collegiate Academy (also known as Somerset Island Prep Academy)

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

Education and Storm Recovery

- c. What direct services will be provided to citizens by the appropriation project?

Education of High School students in a collegiate academy setting

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

400 Students in Monroe county

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

As a result of this, test scores will improve and more students will participate in STEM. Test scores will be the metric for improvement.

- 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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2573

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Key West Collegiate and Michelle's Foundation

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☒ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.