

LFIR # 2559

| 1. Project Title | SFHCC Minority | Education Enric | hment Progr | am | | | |
|---|---------------------------------------|---------------------------------------|----------------------------------|------------------------|--|---|--|
| • | _ | | | | | | |
| 2. Senate Sponsor | Alexis Calatayuc | | | | | | |
| 3. Date of Request 12/14/2023 | | | | | | | |
| 4. Project/Program D | escription | | | | | | |
| The South Florida I established in 1994 and Broward Count has awarded over \$ | to enhance the quay by providing them | llity of education with different typ | of financially ses of interns | disadvantaghips and/or | ged local students t scholarship opport | t Program was throughout Miami-Dade unities. This program | |
| 5. State Agency to re | ceive requested fu | ı nds Depar | tment of Edu | cation | | | |
| State Agency conta | acted? No | | | | | | |
| 6. Amount of the Non | recurring Request | for Fiscal Year | 2024-2025 | | | | |
| Type of Funding | | | | Amo | unt |] | |
| Operations | | | | | 250,000 | | |
| Fixed Capital Outlay | | | | | 0 | | |
| Total State Funds | Requested | | | 250,000 | | | |
| 7. Total Project Cost 1 | for Fiscal Year 202 | 4-2025 (includir | ng matching | funds avai | ilable for this proj | ect) | |
| Type of Funding | | | Amou | int | Percentage | | |
| Total State Funds Requested (from question #6) | | | | 250,000 | 41% | | |
| Matching Funds | | Т | | | | | |
| Federal | | | | 0 | 0% | 1 | |
| State (excluding the amount of this request) | | | | 250,000 | 42% | Ī | |
| Local | | | | 0 | 0% | † | |
| Other Total Project Costs for Fiscal Year 2024-2025 | | | | 100,000 | 17% | 1 | |
| Total Project Costs | S for Fiscal Tear 20 | 024-2025 | | 600,000 | 100% | I | |
| 8. Has this project pr | eviously received | state funding? | No | | | | |
| Fiscal Year | Amount | | Specific | | Vetoed | | |
| (уууу-уу) | Recurring | Nonrecurring | A 10 10 10 10 | riation # | | | |
| | | | | | | | |
| 9. Is future funding li | kely to be request | ed? | No | | | | |
| a. If yes, indicate n | onrecurring amou | int ner vear | | | |] | |
| | _ | | | | |] | |
| b. Describe the so | urce of funding the | at can be used I | n lieu of sta | te funding. | | 1 | |
| | | | | | | | |
| 10. Has the entity req | uesting this proie | ct received anv | federal assi | stance rela | ted to the COVID- | 19 pandemic? | |
| No | . 5 - 17- | | | | | • | |
| | | | | | | | |
| If yes, indicate the | amount of funds | received and wh | nat the fund | s were use | d tor. | | |



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| 1. Status of Cons | truction | | | | |
|-------------------|-------------------|----------------------|--------|--|--|
| a. What is the c | urrent phase of t | he project? | | | |
| Planning | O Design | Construction | O N/A | | |
| b. Is the project | "shovel ready" | (i.e permitted)? | | | |
| c. What is the e | stimated start da | te of construction? | | | |
| d. What is the e | stimated comple | tion date of constru | ction? | | |

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

| Spending Category | Description | Amount |
|---|---|---------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits Oversees the development, implementation, and maintenance of individual project objectives and short- and long range plans; develops tracking and evaluation programs to assist in the accomplishment of established project goals and objectives. | | 60,000 |
| Other Salary and Benefits | One Outreach Coordinator, Two Administrative Assistants who will assist the director will assist with the implementation of the project. | 70,000 |
| Expense/Equipment/Travel/Supplies/Other | Facilities Rental, workshops, gas, meals | 20,000 |
| Consultants/Contracted Services/Study | Consulting expert services including university professors and business and community leaders for the program development and implementation. | 20,000 |
| Operational Costs: Other | | |
| Salary and Benefits | One Outreach Coordinator, Two Administrative Assistants who will assist the director will assist with the implementation of the project. | 20,000 |
| Expense/Equipment/Travel/Supplies/ Other | Facilities Rental, workshops, gas, meals, traveling arrangements, transportation, hotel stay. | 40,000 |
| Consultants/Contracted Services/Study | Facilities Rental, workshops, gas, meals, traveling arrangements, transportation, hotel stay. | 20,000 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (m | ust equal total from question #6) | 250,000 |

14. Program Performance

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

Provide job placement and internship opportunities for low-income minority students across Miami-Dade and Broward County.



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

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|--|---|---|--|--|--|--|
| | Partnering with bu | isiness leaders and organizations and high schools across both counties to identify critical areas of ement opportunities for these students. | | | | |
| | c. What direct services will be provided to citizens by the appropriation project? | | | | | |
| | Career counseling, resume assistance, job fairs, computer literacy, financial literacy. | | | | | |
| d. Who is the target population served by this project? How many individuals are expected to be served | | | | | | |
| | Low income socially disadvantaged students in 11th and 12th grade and first year college students. Approximately 12 150 students. | | | | | |
| | e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? | | | | | |
| | Job training and job placement for these individuals. Job retention beyond 12 months is metric for successful placement | | | | | |
| | f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalt for failing to meet deliverables or performance measures provided for the contract? | | | | | |
| | Monies may be withheld if the organization fails to meet deliverables. | | | | | |
| 15. | Requester Contac | Information | | | | |
| | a. First Name | Liliam Lopez | | | | |
| | b. Organization | South Florida Hispanic Chamber of Commerce Foundation | | | | |
| | c. E-mail Address | llopez@sflhcc.com | | | | |
| | d. Phone Number | (305)543-1903 Ext. | | | | |
| 16. | Recipient Contact | Information | | | | |
| | a. Organization | South Florida Hispanic Chamber of Commerce Foundation | | | | |
| | b. Municipality and | d County Miami-Dade | | | | |
| | c. Organization Ty | pe | | | | |
| | □For Profit Entity | | | | | |
| | ☑Non Profit 501(d | :)(3) | | | | |
| | □Non Profit 501(d | :)(4) | | | | |
| | □Local Entity | | | | | |
| | | | | | | |

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|-------------------|-------------------|-----------|-------|
| d. First Name | Liliam | Last Name | Lopez |
| e. E-mail Address | llopez@sflhcc.com | | |
| f. Phone Number | (305)543-1903 | | |

□University or College

□Other (please specify)



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17. Lobbyist Contact Information

| a. Name | Jorge Chamizo |
|-------------------|------------------------|
| b. Firm Name | Floridian Partners LLC |
| c. E-mail Address | jorge@flapartners.com |
| d. Phone Number | (850)681-0024 |