

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida State Minority Supplier Development Council
2. Date of Submission: 09/30/2019
3. House Member Sponsor: Bruce Antone
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					477,500	477,500

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Economic Opportunity
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Failure to meet targeted performance measures will disallow funding requests in the subsequent fiscal year

6. Requester:

- a. Name: Beatrice Louissaint
- b. Organization: Florida State Minority Supplier Development Council
- c. Email: beatrice@fsmsdc.org
- d. Phone #: (305)762-6151

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Beatrice Louissaint
- b. Organization: Florida State Minority Supplier Development Council
- c. Email: beatrice@fsmsdc.org
- d. Phone #: (305)762-6151

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: David Ash
- b. Firm: DLAConsulting,Ilc
- c. Email: David@dlaconsultingllc.com
- d. Phone #: (850)251-0985

9. Organization or Name of entity receiving funds:

- a. Name: Florida State Minority Supplier Development Council
- b. County (County where funds are to be expended): Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, Pinellas

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The requested funds will enable the FSMSDC to expand its successful service approach to engage 250 second-stage minority-owned firms throughout Florida (including Hispanic-, black-, Native American-, Asian-, and other minority-owned firms) to help them grow their capacity, revenue and job creation through training, technical assistance, capital access, and contracting and transactions support.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	50% of full-time schedule/salary will be committed to this expansion project	75,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	1) 25% of full-time schedule/salary of Office Manager 2) 25% of full-time schedule/salary of Data & Research Coordinator	65,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	1) 10,000 local miles @ \$.55 per mile 2) Two statewide convenings of minority entrepreneurs will be conducted 3) Office supplies	16,500
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	1) IT Support Services 2) Marketing Coordination Services	35,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	1) 100% of full-time schedule/salary of two Business Consultants will be committed to this project 2) 100% of full-time schedule/salary of one Client Support Specialist will be committed	220,000

	to this project	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	1) Client training & service supplies 2) Online learning community subscriber fees	18,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	1) Third-party evaluation services 2) Training facilitation fees for multiple facilitators	48,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		477,500

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Government and development organizations across Florida have requested expanded technical assistance to help more minority-owned second stage companies in FSMSDC's proven successful service approach. Documented shows of support include attendance of 500+

entrepreneurs, officials and community leaders at public meetings in Q1 2019 in 3 locations statewide, and a partnership by 20+ organizations to advocate for FSMSDC growth as part of the AdvancingFlorida Vision for Inclusive Growth.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The need is documented in a study, by an independent firm - Urban Market Analytics – titled "A Case for Inclusive Growth in Florida," as part of the non-profit AdvancingFlorida initiative. Its findings – released in January 2019 - so far include the reality that Florida ranks 3rd among 52 U.S. states and territories for number of minority-owned firms, yet minority-owned firms in Florida are smaller (in average revenue) and have fewer paid employees, compared to their peers across America.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Working statewide, FSMSDC has will identify, help develop and match minority -owned businesses with government and procurement opportunities, and the capital access and bonding capacity needed to fulfill upon new contracts.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Minority entrepreneurs throughout Florida will benefit from direct services that include a) assessment of their readiness to engage or grow in government and corporate procurement programs, b) development of a Growth Plan covering a range of capacity elements, c) capacity-building services to help entrepreneurs secure bonding, financing and contracts, and d) ransaction services to help entrepreneurs complete capital access transactions, export transactions, teaming arrangements, joint ventures,

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled

- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Micro-to-second-stage minority-owned firms with as few as 1 to 5 employees and from \$50,000 to \$10

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		

<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Within the project year: Increasing the number & dollar value of procurement contracts secured by minority owned firms Increasing capital access by minority owned firms	Transaction records documenting: \$30 to \$40 Million in Procurement Contracts Secured \$10 to \$20 Million in Contract or Working Capital Secured
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Within one year of the project year: Increasing job creation by minority owned firms	Pre & post-service survey of business owners documenting: 30 to 50 firms will create 2 to 5 new jobs each
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Within the project year: Increasing revenue among minority-owned firms	Transaction records & pre & post-service survey of business owners documenting: 80 minority entrepreneurs will secure new revenue sources
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		

<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	477,500	82.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	30,000	5.2%	Yes
5. Other:	75,000	12.9%	Yes
TOTAL	582,500	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years

>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

Ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M