

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Schools to Farm Workforce Program
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Bobby Payne  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***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? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					100,000	100,000

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 Education
  - 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.  
Funding should be withheld.

6. Requester:

- a. Name: Heather Beaven
- b. Organization: Florida Endowment Foundation for Florida's Graduates
- c. Email: hbeaven@flgraduates.org
- d. Phone #: (386)439-5730

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

- a. Name: Heather Beaven
- b. Organization: Florida Endowment Foundation for Florida's Graduates
- c. Email: hbeaven@flgraduates.org
- d. Phone #: (386)439-5730

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

- a. Name: Melanie Bostick
- b. Firm: Liberty Partners of Tallahassee, LLC.
- c. Email: melanie@libertypartnersfl.com
- d. Phone #: (850)841-1726

9. Organization or Name of entity receiving funds:

- a. Name: Florida Endowment Foundation for Florida's Graduates
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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 project is a collaboration between the Florida Endowment Foundation for Florida's Graduates and the Florida Agritourism Association to get students interested in farming careers. It is a school-to-farm program that will help to increase diversity in Florida agricultural careers, help to increase the number of agriculture operators directly involved in schools, help increase farm-based learning opportunities for nontraditional students (minority, urban, disabled, homeschooled, and virtual).

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Technology support for farms \$100 per farm per month \$10,000, Marketing Materials to engage farmers \$1,000, Field Trips to farms \$500 per school \$10,000, Student to Farmer Curriculum for Students \$25,000 Construction of Living Wall \$1,000 per school \$20,000, Installation of Living Wall \$300 per school \$3000	69,000

<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Farmer in the Classroom Tool Kit Development \$11,000 Technology support for partnering associations to include curriculum and tool kits on their websites \$20,000	31,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>100,000</b>

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:

Florida Endowment Foundation for Florida's Graduates, Florida Agritourism Association, National Coalition for Public School Options

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:

1) Jobs for America's Graduates Accreditation, 2) American Research Institute, 3) OMB Single Act Audit, 4) Center for Labor Market Studies, 5) Florida Education & Training Placement Information

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?

To connect students to agriculture careers, to connect farmers to schools and create a student-to-farmer workforce pipeline. This will increase health food awareness for students.

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

"Get Involved In Your Schools" toolkit for farmers to create an experience and programs for students to learn farming. "Host School Field Trips On Your Farm" toolkit for farmers. Living Walls in Classrooms. Career and College Exploration for Agriculture related careers. Farm Field Trips for Students. Farm to Classroom Connection Technology. Establish a website.

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): Farmers and ranchers.

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 checked="" type="checkbox"/> Improve physical health	Increased access to school gardening activities.	Increased healthy choices instruction time by including your food living walls.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Increase access to agriculture lifestyle with students in large urban districts.	By the number of students who visit agricultural related businesses.
<input checked="" type="checkbox"/> Improve agricultural production/promotion/education	Through providing farmers with the previously mentioned toolkits it will promote and provide education on agricultural industry in Florida.	By the number of students that attend the field trips and visit the farms and other agricultural related businesses for a learning experience.
<input checked="" type="checkbox"/> Improve quality of education	Provides increased awareness to students and expands options for students of diversity who may not have otherwise thought of careers in agriculture.	By percentage of students who pursue agricultural related careers/college.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and	Increases the students awareness of	There will be an increase in

wildlife quality	the environment and provides a natural, healthy education on food and other farmed products.	instructional hours related to conservation careers and majors around the environment and agriculture.
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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
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			writing?
1. Amount Requested from the State in this Appropriations Project Request:	100,000	5.2%	N/A
2. Federal:	900,000	46.8%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	900,000	46.8%	Yes
5. Other:	25,000	1.3%	Yes
TOTAL	1,925,000	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