

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Dream Center
2. Date of Submission: 11/14/2019
3. House Member Sponsor: James Bush  
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>	<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:					1,000,000	1,000,000

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? No
  - 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.  
The suggested penalties for not meeting our deliverables would be to reconsider future funding in light of the results rendered.

6. Requester:

- a. Name: Tanya Jackson
- b. Organization: The National Auxiliary Association, Inc.
- c. Email: tjacksonsolutions@gmail.com
- d. Phone #: (786)357-4939

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

- a. Name: Tanya Jackson
- b. Organization: The National Auxiliary Association, Inc.
- c. Email: tjacksonsolutions@gmail.com
- d. Phone #: (786)357-4939

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: The National Auxiliary Association, Inc.
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

In its quest to provide quality academic and recreation to aid in eradicating risky behaviors, the National Auxiliary Association (NAA) has four (4) measurable objectives, which include the following:

- 1) Prove that faith-based community partnerships work well to increase the academic success and cultural pride of children and their families.
- 2) Decrease the effect of self-objectification in various areas of the human experience as a result of the exposure to daily violent scenarios.

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	The Chief Strategist will be directly responsible for the entire 21 grant to include supervision of all staff, development and implementation of staff professional development, program design and implementation, establishing and coordinating consortium and parent committee meetings, oversee data collection, analysis and reporting, maintain positive and engaging relationships with school administration, and provide direct service to students as needed.	115,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Program Coordinator-Position provides direct support to all program staff, purchase supplies, assist Chief Strategist with data collection, data entry and other day-to-day duties, serves as a parent/school liaison. Conducts daily observations of	40,000

	program staff (site leaders, program leaders, tutors, and other staff); coordinates operational activities (opening and closing of site, facility maintenance, and supply and material management), plans and provides staff development & in-service training	
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Materials and Supplies: Admin: Costs for office supplies; reams of paper, ink, folders, filing supplies and storage equipment \$1,800/site x 4 sites = \$7,200 100% Indirect = \$7,200	7,200
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	These individuals and companies with the latest research topics, trends, methods of evaluation and effectiveness, and provide guidance to keep our purposes relevant.	15,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	learning, reading/language arts) for students that attend the aftercare and summer camp programs. Activities include developing and implementing lesson plans, computer assisted instruction, remediation and homework assistance. Personal enrichment staff in all forms of highly coordinated areas of arts, athletics, social emotional learning and leadership will play a huge role in the	497,899

	programming.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	This are includes training, professional development for all staff, supplies for participants, technological aids, transportation, special initiative support, family life and family literacy implementation, travel and certifications where necessary.	294,901
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	These category of expenses will suit the future endeavors and data evaluation at the end of the programmatic year and the development of strategies and adjustments where necessary.	30,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>1,000,000</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?

No

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

No

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?

The direct services component of the project includes: Comprehensive after school care & summer camp; daily early learning for 3 and 4 year olds; daily academic tutoring for all school aged children; weekly social/emotional instruction; bi-annual pre and post testing in all areas of service to children and families; educational intervention as necessary; weekly personal enrichment classes in the areas of arts, sports, and personal self expression; family classes to strategically address needs.

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

The Dream Center Activities and Services that will meet the needs include: Family Life Skills Training, Academic and Personal Enrichment Activities, Community Feeding Programs, Multi-Agency Collaboration to maximize co.munity care.

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)

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	We expect to decrease at risk behaviors and increase pro-social behaviors; engagement; awareness; and academic achievement.	These outcomes will be measured by surveys, pre and post tests, program participation sign in sheets, academic report card comparison, and observation.
<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 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 writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,000,000</b>	<b>100%</b>	

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