

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida IATSE Joint Classification & Training Committee Training
2. Date of Submission: 07/15/2019
3. House Member Sponsor: Amy Mercado
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:					67,520	67,520

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? 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.
Loss of future funding opportunities

6. Requester:

- a. Name: Fred Bevis
- b. Organization: Florida IATSE Joint Classification & Training Committee Training
- c. Email: fredb@iatselocal835.org
- d. Phone #: (407)649-1817

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

- a. Name: Fred Bevis
- b. Organization: Florida IATSE Joint Classification & Training Committee Training
- c. Email: fredb@iatselocal835.org
- d. Phone #: (407)649-1817

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: Florida IATSE JCTC Trust
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide, Lake, Orange, Osceola, Polk, Seminole, Volusia

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) Non profit 501 (c) (5)

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

To complete a feasibility study and to research funding sources for the establishment and operation of a training facility in Central Florida to expand current exhibition training curriculum into a year-round apprentice-style program, as well as to provide space for audio-visual, stage and motion picture technician training.

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	Coordinate with project partners, lawyer and consultants. Complete feasibility study and research potential funding sources. Meet with Committee to structure three tiered training curriculum.	9,980
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Part-time Administrative Assistant	4,540
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Miscellaneous expenses such as printing, postage and travel.	10,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Legal services, grant researcher and real estate consultant	43,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		67,520

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:

Minutes of both Labor-Management Committee meetings and Joint Classification & Training Committee meetings as well as separate Employer proposals.

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?

No

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
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<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	Establish multi-level apprenticeship-style training	Advancement of skilled craftsperson's classification and pay-rate
<input checked="" type="checkbox"/> Increase tourism	Train convention workers on importance of customer service and its impact on return/repeat business	Completion of established "Customer Service" course curriculum
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Expand demand in the convention industry in the State of Florida	Expansion of skilled labor force serving the convention industry in the State of Florida
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Enable workers to increase pay rates as they process through the learning/training process	Completion of the established training curriculum
<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 checked="" type="checkbox"/> Other (Please describe): Establish training facility for employment	Craft and refining skill sets of trade show craftsperson's	Advancement in established classifications of individual craftsperson

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:	67,520	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
TOTAL	67,520	100%	

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

No