

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Shrimp Wings & Things Community Development Expansion Project
2. Date of Submission: 09/23/2019
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> | 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: | | | | | 960,000 | 960,000 |

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 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.
Return remaining funds

6. Requester:

- a. Name: Loraine Hibbert
- b. Organization: Shrimp Wings & Things, Inc.
- c. Email: shrimpwingsandthings@gmail.com
- d. Phone #: (786)290-7105

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

- a. Name: Loraine Hibbert
- b. Organization: Shrimp Wings & Things, Inc.
- c. Email: shrimpwingsandthings@gmail.com
- d. Phone #: (786)290-7105

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: Shrimp Wings & Things, 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?

Job Creation, Community Development and Expansion that will allow for the hiring and training of those in community employed by the company.

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 | Perform the day to day affairs of the restaurant operations and activities. Responsible for marketing, hiring, training, advertisement and promotion of restaurant events. | 43,000 |
| <input checked="" type="checkbox"/> b. Other Salary and Benefits | Acquire new store materials and oversees employees training and career development continuously while they are employed with company. Ensure payroll is performed by an experienced accounting clerk bi-weekly. | 28,000 |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | Equipment rental, truck rental for delivery, maintenance cleaning and supplies, marketing, infrastructure, properly connecting to Miami Dade County Sewer Water Lines, Needed for Business Expansion, Growth and legal services. | 250,000 |
| <input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study | Grant writer - develop and write grant proposals serves as potential contact for grantor. Match specific projects | 30,000 |

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| | and programs. Provide progress reports to grantors. | |
| Operational Costs: | | |
| <input checked="" type="checkbox"/> e. Salaries and Benefits | Floor staff manager oversees staff, Payroll Manager create job descriptions and performs accounting functions. Building Manager oversees Sales clerks and cleaning staff hired to keep clean building. | 84,000 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Accounting fees, Payroll Services, Restaurant Furniture and Equipment, monthly telephone and internet services, advertisements, promotions, marketing, web-design, security monitoring, professional taxes consultation and licenses. | 125,000 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Renovations will include enlarging restaurant kitchen and seating area. Repair roof impacted by weather or natural disasters. Upgrade grease trap, drainage, and building outside seating area. | 400,000 |
| TOTAL | | 960,000 |

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?

Provide healthy hotmeals to the community at large and provide delivery services to the i.e. elderly, disabled and general public for profit.

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

Make improvements with business expansion in order to provide delivery services to the elderly, handicapped and general public.

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 type="checkbox"/> Improve physical health | | |
| <input type="checkbox"/> Improve mental health | | |
| <input checked="" type="checkbox"/> Enrich cultural experience | Increase the number of visits by tourist and patrons during hours of operations; ensuring a quality healthier food experience. | This will be measured by the number of persons who are purchasing food product daily. |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | Students will be trained to work in the restaurant industry and the will be | Progress will be measured by improvements in communication |

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| | given the opportunity to improve their work performance and earn livable wages. | skills and job knowledge. |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality | | |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | Facility will be monitored both inside and outside by use of a security monitoring systems connected to local police authorities along with those additional security efforts that will make customers feel protected and safe. | This will be measured by a decrease in burglaries and or theft to the property and premises. |
| <input type="checkbox"/> Improve transportation conditions | | |
| <input checked="" type="checkbox"/> Increase or improve economic activity | Employing unexperienced workers within the food service and/or restaurant industry that provides them with job training and career developments that teaches them restaurant's operations. | Keeping records of employee performance and develop skills that geared towards preparing them to be highly competitive and marketable. |
| <input checked="" type="checkbox"/> Increase tourism | Data will be collected | Marketing resources and efforts will target local hires. |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | As restaurant grows operations will be able to hire more people for enhance learning and development. | Increased number of employees hired both full-time and part-time to work in the restaurant and food service industry. |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency | | |
| <input type="checkbox"/> Reduce recidivism | | |
| <input type="checkbox"/> Reduce substance abuse | | |

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| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | The goals are to create jobs, resources, and give youth opportunities to become independent and resources for them to avoid imprisonment. | Will monitor youth employees throughout our food safety programs. |
| <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: | 960,000 | 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 |
| TOTAL | 960,000 | 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