

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hispanic Business Initiative Fund Outreach Program

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Robert Cortes

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? 2017-18
- 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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:	775,000		775,000	775,000	725,000	1,500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes

5a. If yes, which state agency? Department of Economic Opportunity

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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.

There is a detailed agreement that stipulates the specific dollar penalties when specific deliverables are not met. Our organization has always successfully delivered in 100% of all items within the agreement.

6. Requester:

- a. Name: Augusto Sanabria
- b. Organization: Hispanic Business Initiative Fund of Florida, Inc. d/b/a Prospera
- c. Email: asanabria@prosperausa.org
- d. Phone #: (407)413-8564

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

- a. Name: Augusto Sanabria
- b. Organization: Hispanic Business Initiative Fund of Florida, Inc. d/b/a Prospera
- c. Email: asanabria@prosperausa.org
- d. Phone #: (407)413-8564

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

- a. Name: Jose Boscan
- b. Firm: Boscan and Associates
- c. Email: jose@boscanandassociates.com
- d. Phone #: (407)383-4600

9. Organization or Name of entity receiving funds:

- a. Name: Hispanic Business Initiative Fund of Florida, Inc.
- 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?

Assist entrepreneurs and small businesses to establish and grow their business in Florida.

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	Partial expenses related to executive involvement in programs	10,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Partial marketing personnel expenses related to promotion and advertising of programs and client recognition	10,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	In-house personnel directly involved in programs and client services	450,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Direct programs costs; like office rental, travel, supplies, IT and marketing expenses, etc	61,750
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	subcontracted professional services directly related to programs; like CPAs, attorneys, etc	193,250
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		725,000

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)

N/A

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:

Funding from the State of Florida makes up 41% of the organization's budget. The remaining 59% is funded by private companies, individual donations, and local government. Some of our supporters include Walt Disney World, Florida Blue, Wells Fargo, Bank of America, Duke Energy, Orange County, Hillsborough County, Seminole County, City of Orlando, City of Clearwater, and Miami Dade County, among others.

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:

Per the SBA, an estimated 36% of small businesses fail during the first 2-years in business and only 50% will survive after 5 years. In SBA's 2016 FL Small Business Profile it states that there are 2.3M small businesses in the state. Of those 2.3M, Hispanics comprise 34.2% of all small businesses. In Geoscape and U.S. Hispanic Chamber's 4th Annual Report 2016 the most recent data shows that Hispanic shares of all new entrepreneurs has more than doubled, the types of businesses serviced by HBIF.

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?

HBIF specializes in providing bilingual professional services to Hispanic entrepreneurs who want to establish or expand their business in the State of Florida. We offer quality year-round professional services, which include educational services, individual consulting, technical assistance, and access to capital.

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

HBIF offers advanced consulting provided by vetted qualified 3rd party consultants; such as: organizational and legal structure, certain limited legal assistance, accounting and internal controls advice, branding and marketing advice, among others, at no cost to our clients.

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): Minorities with entrepreneurial goals

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	Revenues from businesses	Client applications and annual surveys
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Businesses started and jobs created	Client applications and annual surveys
<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): Create new businesses and jobs	number of businesses and number of jobs	Client applications and annual surveys

19. Provide the total cost of the project for FY 2018-19 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:	725,000	25.0%	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:	809,000	27.9%	Yes
5. Other:	1,370,000	47.2%	Yes
TOTAL	2,904,000	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 2018-19 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