

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: American Museum of the Cuban Diaspora - Cuentame tu Vida/Tell me Your Life Story
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Bryan Avila
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 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:					602,060	602,060

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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 Elder Affairs
 - 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.
N/A

6. Requester:

- a. Name: Ileana Fuentes
- b. Organization: American Museum of the Cuban Diapora/ Cuban Museum, Inc
- c. Email: ileana@thecuban.org
- d. Phone #: (305)206-4048

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

- a. Name: Jessica Collado
- b. Organization: American Museum of the Cuban Diapora/ Cuban Museum, Inc
- c. Email: jessica@thecuban.org
- d. Phone #: (305)529-5400

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

- a. Name: J Alex
- b. Firm: Florida Law Research, LLC
- c. Email: avillalobos@meyerbrokslaw.com
- d. Phone #: (786)564-1104

9. Organization or Name of entity receiving funds:

- a. Name: American Museum of the Cuban Diaspora/Cuban Museum, 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?

To launch the museum's educational and community outreach programming, with a mission enhancing, historic documentation project for Little Havana and surrounding neighborhoods, dedicated to bridging the ever widening gap between our young people and senior citizens. The program will educate area students about their community's rich history, while combating isolation and depression in our senior population.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	20% of the entire program budget has been allocated to cover any administrative costs and overhead expenses that may be incurred by the museum.	120,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Approx. 10% of the Executive Director's time will be allocated to overseeing the implementation of this project. The Museum Administrator and Design & Communications Director will also see approx. 10% of their time dedicated to this project. A Programs Coordinator, and Programs	59,100

	Assistant will spend approx. 25% of their time on the project, as well. We have added 25% for fringe benefits.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	The program requires a great deal of art supplies and other expendables for both seniors and student participants, as well as some audio/visual equipment, computer hardware, software, and peripherals. Art supplies and limited equipment will also be distributed to participating middle school art educators for use in the classroom. Round trip charter buses will be provided to facilitate travel to and from the museum, and both students and seniors will be served a well balanced lunch.	240,800
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	A mental health professional and educational consultant will be brought in shape the program, develop pre/post program questionnaires, select participants, train coaches, and generate a study for reporting purposes. 1 workshop coordinator and 6 story coaches will guide student and senior participants through the program. Interpreters will be available to facilitate communication between students and seniors, and a photographer be brought in once per session to take author/illustrator portraits.	182,160

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		602,060

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?

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?

Writing Workshops for Senior Citizens; Field Trips for Middle School Art Students; Publishing and Presentation of 180 Short Autobiographies by Senior

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

Senior Citizen Activity and Socialization, Free Writing Workshops for Seniors, Mental Health Services, Community Building/Outreach, Cultural and Curricular Enrichment, Cross-Generational Engagement and Mentoring Opportunities, Field Trip Opportunities, General Job Creation and Employment Opportunities for Retired Professionals.

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	Reduced Doctor/Hospital Visits in Elderly Participants	Pre/Post Program Questionnaires; Communication Between Program Staff and Primary Caregivers (Senior Centers, Assisted Living Facilities,

		Family Members, etc.)
<input checked="" type="checkbox"/> Improve mental health	Reduced Doctor/Hospital Visits in Elderly Participants; Improved Overall Mood/Energy Level in Elderly Participants; Reduced Feelings of Depression	Pre/Post Program Surveys; Observation Notes from Program Coaches; Communication between Mental Health Professional and Primary Caregivers (Senior Centers, Assisted Living Facilities, Family Members, etc.
<input checked="" type="checkbox"/> Enrich cultural experience	Create Field Trip Opportunities for Middle School Art Classes; Provide Art Supplies and Materials for Underserved Classrooms; Exposure to Other Cultures/Generations; Provide Real-Life Inspiration and Historical Context for Existing Art Curriculum; Exposure to Art and Cultural/Historical Exhibitions; Create and Present a Collection of Short Autobiographies for Community Enrichment and Historical Documentation	Pre/Post Program Surveys; Observation Notes from Program Coaches; Reports on Student/Senior Participation and Community Involvement with the Project; Attendance Reports for both Workshops and Book Presentations; 180 Published "Artifacts"/Autobiographies by Student/Senior Teams
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	Provide Employments for 7 Retired Professionals, 1 Mental Health Professional, 1 Educational Consultant; 1 Professional Photographer, 3 Interpreters, and at least 2 Graphic Designers	Employment Agreements/Documentation; Financial Reports
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Provide Employments for 7 Retired Professionals, 1 Mental Health Professional, 1 Educational Consultant; 1 Professional Photographer, 3 Interpreters, and at least 2 Graphic Designers	Employment Agreements/Documentation; Financial Reports
<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 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:	602,060	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	602,060	100%	

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

No