

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Zeta Blue Network, Inc.
2. Date of Submission: 08/22/2019
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: | | | | | 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 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.
Funds will be reallocated to the State

6. Requester:

- a. Name: Dr. Lois Lee
- b. Organization: Zeta Blue Network, Incorporated
- c. Email: btzcommunityservice@zetablue.org
- d. Phone #: (305)934-3191

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

- a. Name: Dr. Lois Lee
- b. Organization: Zeta Blue Network, Incorporated
- c. Email: btzcommunityservice@zetablue.org
- d. Phone #: (305)934-3191

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: Zeta Blue Network, Incorporated
- 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?

Funds will support renovation of the Zeta Community and the delivery of programs and activities that promote total development of children, youth, and adults through character development and topic driven workshops; to perform charitable community services; to cultivate leadership, and post-secondary scholarships to eligible high school seniors.

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 | Executive Director (\$55,000) Serve as Project Head and have general supervision over the business of the Corporation and over its Officers, subject to the control of the Board of Directors; Facilitate Building Restoration Project; Serve as chair of the Board of Directors, and an ex officio member of each standing committee of the 501c3; Preside at all meetings of the Board of Directors; Make, sign, execute and endorse all agreements and contracts in the name of Corporation. | 55,000 |
| <input checked="" type="checkbox"/> b. Other Salary and Benefits | Grant Compliance Officer: (\$20,000) Secretary to the Executive Director (\$40,000): Treasurer (\$20,000) Secretary Treasurer (\$15,000): Professional Development (\$15,000) | 140,000 |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | 5 Computers: Input data records, Program Planning, Automate tasks or | 115,000 |

| | | |
|---|---|---------|
| | access/share information, Provide remote access to email, schedules and documents 1 Secured Records Storage Cabinet 1 Office Copier, Office Supplies, Contracted Printing (e. g. programs, reports, marketing materials, agendas) Conference/Workshop Travel and Registration, Rent Internet Connection | |
| <input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study | Webmaster – Maintain Website Marketing Services, Audit Services, Equipment Maintenance Services | 110,000 |
| Operational Costs: | | |
| <input checked="" type="checkbox"/> e. Salaries and Benefits | Community Engagement Specialists (The following positions are part-time): 1 Finer Womanhood Community Service Coordinator (\$10,000), 1 Zeta Social Action Coordinator (\$10,000), 1 Stork's Nest Teen Pregnancy Outreach coordinator (\$15,000), 3 Youth Affiliates Coordinators, (\$10,000 each) 1Zeta Scholarship Cotillion Coordinator (\$10,000), 1 Community Service Program Coordinator (\$10,000) 1 Parent Program Specialist \$10,000) 1 Custodian – Full-Time Position (\$20,000) | 85,000 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Outsourced Development of Curricular Resources, Pamphlets, | 120,000 |

| | | |
|--|--|------------------|
| | Brochures, Programs, Guides/Handbooks Professional Development Travel | |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study | Trainers, Workshop Leaders, Web Developer, Publications Consultant, | 100,000 |
| Fixed Capital Construction/Major Renovation: | | |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | 1 Master Contractor, to identify subcontractors for renovations of property 1 Roof Contractor, 1 Commercial Building Painter, 1 Master Electrician, 1 Plumber, 1Mold Remediation Company, Office/Classroom Furniture 1Security Alarm Installer, 1 Fire Alarm Installer, Permitting and Inspections | 275,000 |
| TOTAL | | 1,000,000 |

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?

Yes

16a. Please Describe:

A study , Liberty City, Economic Analysis and Opportunities Report, has been conducted by the South Florida Housing Studies Consortium: Miami Dade County, FIU Metropolitan Center, University of Miami Office of Civic and Community Engagement (2017)

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?

Ultimately, the purpose of the funds is to support efforts to build community capacity to improve its economic future and the quality of life for all. As described in the Liberty City Economic Analysis and Opportunities Report 2017, Liberty City is in need of office development to stimulate further economic development and to lap into the broad base of entrepreneurial activity occurring in the surrounding Trade Area. See attached.

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

Zeta Blue Network, Inc. will serve as the fiscal agent to empower Beta Tau Zeta Chapter to provide co-working space, workshops to encourage participants to develop a healthy lifestyle, social action events, leadership training for girls ages 4-18, conduct workshops and experiences to engage high school aged participants to cultural activities and in their preparation for post-secondary education and parent engagement workshops events to increase knowledge of successful parent leadership.

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): women, men, pregnant teens

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 | Increase awareness about maintaining physical health and prevention to lessen impact on women, men, seniors youth through informational workshops, exercise sessions and a health fair | 80% of participants will submit: Pledge Cards Activity Charts Evaluation Form following sessions |
| <input type="checkbox"/> Improve mental health | | |
| <input checked="" type="checkbox"/> Enrich cultural experience | Provide five opportunities for personal, educational, cultural, and recreational enrichment | 80% of participants will complete a satisfaction survey Sign-In Form |

| | | |
|---|--|---|
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | Provide assistance to increase test scores at two low performing schools by providing supplies, student incentives, and incentives to promote parent engagement. | 80% of participating students will maintain or improve grades from D to C and C to B |
| <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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | Increase awareness and knowledge of the importance of protecting ecosystems and habitats in cooperation with the U. S. Fish and Wildlife Service | 80% of participants will demonstrate increased knowledge of ecosystems and habitats and protected species on a posttest |
| <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 |
| TOTAL | 1,000,000 | 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