

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Ms. Senior Florida Pageant
2. Date of Submission: 11/03/2019
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:					540,820	540,820

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 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.
If deliverables or performance measure are not met, funds shall be returned as warranted.

6. Requester:

- a. Name: Rose Tydus
- b. Organization: Ms. Senior Florida Pageant, Inc.
- c. Email: info@msseniorflorida.com
- d. Phone #: (786)277-8148

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

- a. Name: Rose Tydus
- b. Organization: Ms. Senior Florida Pageant, Inc.
- c. Email: info@msseniorflorida.com
- d. Phone #: (786)277-8148

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: Ms. Senior Florida Pageant, 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?

Services for seniors to include support system, motivation, health & inspirational programs; MSF PAGEANT promotes confidence, self esteem, strength of purpose, dignity, maturity as seniors confront the rigors of aging; ROSE & CROWN CLUB & SENIOR GOSPEL CHOIR are community outreach to nursing homes, rehabs, assistance living facilities, etc; NANA PROJECT provides "grandmother" image and experience to under privileged children; HEALTH & NUTRITION WORKSHOPS for 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	CEO and Head administrator. Responsible to Board of Directors concerning all daily affairs of the organization; prepare & submit annual budget to BOD for adoption; submit annual financial & administrative activities report.	98,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	ADMINISTRATIVE ASST.: Responsible for clerical duties and provides administrative assistance to Executive Director, Payroll; GRANT/EVENT SPECIALIST: Conduct file review, compliance, integral reporting in areas of finance, marketing, budget compliance and financial obligations required by program. PROJECT/SERVICE COORDINATOR: Development.	158,040
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel to statewide awareness programs, mileage, parking, supplies,	30,500

	telephone, computer supplies, printing, indirect costs, computers, office furniture, monitors, memberships, insurance.	
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Accountant; Legal Services.	7,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	PROGRAM SERVICES MGR.:(F/T) Develop, & supervise all service programs; MUSIC DIR. (P/T):Perform all tasks regarding music for pageant including, composing, producing, mixing, technical support, copyrighting, consultants to contestants, as needed; ART DIR. (P/T): Develop art and promotion projects, stage sets, website programmer, social media coordinator; CHOIR DIR.: Choir rehearsals, booking; VOLUNTEER COORD. (P/T) Recruit, supervise, train; CONTESTANT COORD. (P/T) Supervise Contestant Affairs.	107,760
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Contestant needs, VIP Reception, operating costs, theater rental, contestant field trip, workshops, mileage, parking, travel, supplies, printing, postage, telephone, internet, utilities, maintenance, stage rental equipment, rent, advertising, misc.	118,620
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Event Coordinator/Image Consultant, Choreographer, Photographer,	20,400

	Videographer, Lighting Illustrator, Stage Technical Assistant, Professional Entertainment Fees	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		540,820

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:

LETTERS OF SUPPORT: AARP-Dionne Polite, Dir. of State Operations, 786-804-4519; MIAMI DADE COUNTY COMMISSIONER, Barbara Jordan, 305-375-5694; VICE MAYOR N. MIAMI BEACH, Phyllis Smith 305-986-5222; FLORIDA ASIAN SERVICE CENTER, Winnie Tang, President 505-981-3232; AVENTURA MARKETING COUNCIL, Elaine Adler, President 305-932-5334; MIAMI DADE SCHOOL BOARD, Martin Karp, Board Member 305-995-1369; MIAMI LAKES COUNCILMAN, Luis Collazo 305-364-6100; MAYOR MIAMI GARDENS, Oliver Gilbert 305-914-9170.

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?

1. Ms. Senior Florida Pageant, 2. Health, Nutrition & Positive Lifestyle Workshops

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

MS. SENIOR FL PAGEANT: Statewide pageant recognizing accomplishments & contributions of senior women i.e. family & community. Winners will represent state in the 40 year old national Ms. Senior America in Atlantic City, NJ, ROSE & CROWN CLUB: Former contestants & volunteers will perform as community outreach at nursing homes, rehabs, assisted living facilities; SENIOR GOSPEL CHOIR: Senior male & female choir will perform as community outreach at nursing homes, rehabs, assisted living facilities.

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): In addition to targeted populations, the MSF Pageant serves the entire family.

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	MS. SENIOR FLORIDA WORKSHOPS: Improve and reduce stress Increase physical activities Reduce obesity Increase health awareness/education.	Website survey evaluations Senior satisfaction surveys
<input checked="" type="checkbox"/> Improve mental health	ROSE & CROWN CLUB; SENIOR GOSPEL CHOIR Improve emotional stability, increase self confidence & social interaction; Improve memory/decrease dementia	Memory word games, puzzles & other memory enhancing tools; Registration & attendee follow up surveys; satisfaction survey follow-up.
<input checked="" type="checkbox"/> Enrich cultural experience	MS. SENIOR FL PAGEANT; ROSE & CROWN CLUB; SENIOR GOSPEL CHOIR; NANA PROJECT Increase cultural awareness, expand knowledge of cultural diversity, Entertaining/foster positive attitude.	Target attendees by addresses & zip code; Satisfaction surveys, Q/A follow-up
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	NANA PROJECT; HEALTH & NUTRITION WORKSHOPS Improve	Tracking through at risk youths partnerships in NANA PROJECT;

	emotional deficiencies including social skills & overall school attendance of at risk children & youth; improve self image & worth; Improve overall health, Nutrition & well-being of senior adults.	Tracking through participating senior groups & organizations.
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<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:	540,820	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	540,820	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