

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Greater Haitian Chamber of Commerce - Operations
2. Date of Submission: 11/06/2019
3. House Member Sponsor: Kamia Brown
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:					187,170	187,170

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.
Loss of funding

6. Requester:

- a. Name: Idler Bonhomme
- b. Organization: Greater Haitian Chamber of Commerce
- c. Email: chairman@ghacc.org
- d. Phone #: (321)233-3448

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

- a. Name: Idler Bonhomme
- b. Organization: Greater Haitian Chamber of Commerce
- c. Email: chairman@ghacc.org
- d. Phone #: (321)233-3448

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: Greater Haitian Chamber of Commerce of Orlando
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Lake, Orange, Osceola

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) 501(c)(6)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Funding will be used for acquiring and development of the GHACC Entrepreneurial Center. The purpose of the proposed center is to serve as a neighborhood anchor that fosters innovation and entrepreneurship which will contribute to the sustainability and long term economic development. In addition the center will also contribute to the broader regional economic impact and tourism for Central 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	The funds will pay for the salaries and fringe benefits of the Executive Director who will be the overseer of the GHACC Center.	77,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	The funds will cover the salaries and benefits of all administrative employees (administrating assistant, program coordinator).The funds will be allocated for the salaries and benefits of trainers, mentoring, and other programs. Insurance D&O;	26,670
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	The funds requested to purchase administrative equipment including, computers, printers, and copy machines, furniture and fixture, administrative training, utilities, travel, and office supplies, maintenance, fees, tools and others. insurance, maintenance, materials (books, stationery, copies/handouts) for sessions, office equipment,	26,000

	computer, cameras, rental spaces, website design, maintenance, travel/gas mileage, bus passes, clothing, food, events/seminars, Misc. office expenses	
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	The funds will be used and allocated for consultants, legal services, independent accountants, contractors and others. Accounting services to manage bookkeeping	9,500
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Leasing Improvement/Renovation/IT/Web Maintenance	48,000
TOTAL		187,170

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): Leased space for GHACC

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?

Activities and services that will be provided include: Development of a sustainable long-term operations; Workforce training and professional development business incubator; Workshop; mentoring starting businesses; Community meeting space; promoting businesses; business resource center

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

Community outreach, community relations building with local elected officials and community business leaders, local citizens will gain valuable access to relevant training and educational programs, technology and resources to facilitate entrepreneurship, small business development and long term job in surrounding areas.

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 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	Activities and services that will be provided include: Development of a sustainable long-term operations; Workforce training and professional development business incubator; Workshop; Mentoring starting businesses, Community meeting space; Promoting businesses; Business resource center.	Numbers of participants; membership renewals; number of established new businesses;
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Provides better access to the community; Reduce disparity increasing representation; promote paths to entrepreneurship; Galvanize business development and best practices;	Evaluation base on training and follow up 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 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:	187,170	42.7%	N/A
2. Federal:	250,720	57.3%	Yes
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	437,890	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