

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: West Tampa Commercial Redevelopment
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Dianne Hart
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.
N/A

6. Requester:

- a. Name: Andre Hill Sr
- b. Organization: Urban Progress Alliance, Inc
- c. Email: urbanprogressallianceoftampa@gmail.com
- d. Phone #: (813)475-2775

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

- a. Name: Andre Hill Sr
- b. Organization: Urban Progress Alliance, Inc
- c. Email: urbanprogressallianceoftampa@gmail.com
- d. Phone #: (813)475-2775

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: Urban Progress Alliance, Inc
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough

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 provide predevelopment funds for the development of the West Tampa Main St supplement available funds.

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: \$100,000 for 24 months	100,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Executive Director assistant: \$60,000 for 24 months Receptionist: \$62,400 for 24 months Other Non Personnel: \$15,000 for 24 months Grant and Award: 5% of grant amount Administrative and Technical Contingencies	210,400
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Occupancy: \$72,000 for 24 months Equipment rental and maintenance: \$28,800 for 24 months Printing and Publications: \$19,200 for 24 months Travel, conferences and meetings: \$20,000 for 24 months Insurance: \$33,600 for 24 months	183,200
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Project Manager: \$100,000 for 24 months Assistant Project Manager: 72,000 for 24 months Secretary:	197,000

	\$25,000 for 24 Months	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel, conferences and meetings: \$20,000 for 24 months	20,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Marketing Firm A: \$46,000 for 24 months Marketing Firm B: \$46,000 for 24 months Certified Public Accountant/Tax Attorney: \$60,000 for 24 months Real Estate Attorney: \$60,000 for 24 for months Architect: \$62,400 for 24 months Architect Visual Technician: \$15,000	289,400
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
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?

Yes

15a. Please Describe:

We have signed Letters of Intent to develop from the following Main St. property owners: Bernard Stewart, Dr. Rudolph Twiggs and Marlon J Wright. We have signed letters of support from the following community leaders, city council members and business owners: Tina Young (Project Link), Frank Reddick(City Council District 5), Guido Maniscalco (City Council District 6), Ralph Smith (Computer Mentors).

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?

No

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 type="checkbox"/> Increase or improve economic activity		
<input checked="" type="checkbox"/> Increase tourism	Develop partnerships with African and Caribbean nations to establish businesses on the Main Street	Business owner surveys to evaluate how business has increased. Review profit and loss statements from

	Commercial District.	business owners.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	and economic stimulation through entrepreneurship opportunities which will spearhead massive job creation.	Use statical data from employment agency to determine amount of jobs created. Community surveys.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Revitalize depressed area, increase property value-improvement of distressed personal and commercial property.	Use statical data from property appraisers to determine property value increase. Individual surveys to determent self-sufficiency capabilities.
<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