

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Women of Tomorrow Mentor & Scholarship Program
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Chip LaMarca
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:					1,200,000	1,200,000

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 Education
 - 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.
Women of Tomorrow will reimburse the state funding provided if deliverables or measures as described are not met.

6. Requester:

- a. Name: Jennifer Valoppi
- b. Organization: Women of Tomorrow Mentor and Scholarship Program
- c. Email: j.valoppi@womenoftomorrow.org
- d. Phone #: (305)371-3331

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

- a. Name: Betty George
- b. Organization: Women of Tomorrow Mentor & Scholarship Program
- c. Email: b.george@womenoftomorrow.org
- d. Phone #: (305)371-3331

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

- a. Name: Michael Cororan
- b. Firm: Corcoran Partners
- c. Email: mike@corcoranpartners.com
- d. Phone #: (813)527-0172

9. Organization or Name of entity receiving funds:

- a. Name: Women of Tomorrow Mentor & Scholarship Program
- b. County (County where funds are to be expended): Broward, Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, 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?

WOT will be able to upgrade to an updated IT infrastructure which will allow and enhance communications between mentors, school coordinators, WOT Staff and graduates; Improve websites so that they have mobile compatibility, user friendly designs, browser compatibility & speed and accurate and relevant content; Also, create an alumnae platform to locate and connect with program graduates. These funds will also support staff augmentation to make the program more efficient.

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 checked="" type="checkbox"/> b. Other Salary and Benefits	IT Manager	84,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Computer and general office expenses for IT Mgr	2,500
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	All new positions and increases; New positions include Higher Ed and Scholarship Manager, Director of Special Projects. Alumnae Relations Unit (2) Additional Program Coordinators (2), Data Coordinator	482,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Fieldtrip Expansion (\$108K); Student Study Books & Graduation gifts (\$106k); Website, Portal and App (\$100K); plus general office	336,500

	expenses for new staff (\$22,500)	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Alumnae records digitization and data entry (\$120K), marketing consulting, videos, photography and other publicity materials (\$175K)	295,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,200,000

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 Letters from our Mentors, Current and Former Board Members, and other supporters that include foundations, business people, philanthropists, and other key members of our community

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?

Mentor trainings, enhancing communication channels (IT infrastructure), improved mentoring sessions, field trip experiences and educational summits; the creation of an alumnae database to track former mentees and create a network to connect and collaborate.

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

2700 high school students in South Florida who are part of Women of Tomorrow, will receive high quality mentoring sessions involving a network of 300+ professional women mentors, career focused field trips and specialized educational college campus visits.

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	Survey Question:WOT helps me to understand the importance of leading a healthier lifestyle of diet and exercise (Curriculum)	Annual Surveys to WOT Participants/Mentees
<input checked="" type="checkbox"/> Improve mental health	Surveys to mentees ask these questions: WOT makes me feel comfortable sharing info about myself; sessions are helpful to me; help me devlop healthier relationships	Annual Surveys to WOT Participants/Mentees
<input checked="" type="checkbox"/> Enrich cultural experience	Survey questions to mentees after all non college retated fieldtrips addressing enrichment	Surveys to fieldtrip participants and Annual Survey to WOT Participants
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Mentees advancing to the next grade level and or graduating - GPA increase	Data tracking and school district information on mentees in the program
<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	Scholarships granted to many of the participants in the program to pursue higher education (college or educational)	% of mentees enrolling in higher education
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Survey question:Help me to avoid risky behaviors (such as alcohol, drugs and making unhealthy decisions	Annual Survey to Participants of WOT Program.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Survey questions:Help me to avoid risky behaviors (such as alcohol, drugs and making unhealthy decisions plus help me to say no to negative peer pressure and dangerous situations	Annual Survey to Participants of WOT Program
<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:	1,200,000	50.0%	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:	1,200,000	50.0%	Yes
5. Other:	0	0.0%	No
TOTAL	2,400,000	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