

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Central Florida Mobile STEM Lab

2. Date of Submission: 11/15/2019

3. House Member Sponsor: Amy Mercado

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:					545,000	545,000

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.

Orlando Science Center will furnish reports to describe the project progress during the period of performance. Any unused funds will be returned to the State of Florida.

6. Requester:

- a. Name: JoAnn Newman
- b. Organization: Orlando Science Center
- c. Email: jNewman@osc.org
- d. Phone #: (407)514-2024

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

- a. Name: JoAnn Newman
- b. Organization: Orlando Science Center
- c. Email: jNewman@osc.org
- d. Phone #: (407)514-2024

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

- a. Name: Oscar Anderson
- b. Firm: Southern Strategy Group
- c. Email: Anderson@SOStrategy.com
- d. Phone #: (407)650-5052

9. Organization or Name of entity receiving funds:

- a. Name: Orlando Science Center
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Orange

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?

Central Florida Mobile STEM Lab program helps Florida educators prepare students and fill Florida’s need for a STEM-skilled workforce. This traveling STEM lab will contain electronic equipment and tools to provide access and engagement. Includes TPD for up to 225 teachers across 9 counties and in-class workshops for students. Mobile STEM Lab will offer knowledge and core teaching practices to broaden participation and motivate students to continue their STEM education after high school.

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	VP of Education will plan and develop program content and materials, steward school district relations, coordinate and supervise staff involved with the program, and evaluate the program outcomes.	6,110
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel for 4 OSC staff to receive 5-day safety, operational, technical, and program training for Mobile Fab Lab. Per diem and lodging rates are based on GSA.org allowances.	4,125
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and benefits for a total of 1 OSC Reservations Manager to plan and coordinate program delivery with	202,190

	school districts and 2 Orlando science center educators to administer and collect data for: 9 teacher professional development workshops for 225 teacher participants across 9 school districts for 2019-2020. 27 in classroom workshops across 9 school districts for 2019-2020	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel costs, supplies, consumables (ex. filament, wood), and school district substitute fees.	45,575
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Mobile Fab Lab	287,000
TOTAL		545,000

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:

Letters of support are from Dr. Walt Griffin, Superintendent and Dr. Tina Calderone, School Board Chairman for Seminole County Public Schools; Richard Shirley, Super of Sumter County School Board; ad James T. Russell, Superintendent of Volusia County Schools/

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?

Orlando Science Center will facilitate approximately 9 STEM-based teacher professional development trainings and 27 in-class workshops to students across 9 Central Florida and rural area school districts.

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

Teachers will receive excellent STEM professional development training. They will be prepared to use project-based and/or portfolio based assessments. Students will be provided hands-on STEM workshop activities to learn about how to utilize tools and technologies.

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): Teachers from participating schools

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 checked="" type="checkbox"/> Improve quality of education	225 teachers to complete STEM based professional development training and be prepared to effectively incorporate STEM-based education activities in curricula for their students at their schools for the 2019-2020	Orlando Science Center staff will assess teachers participating in the training workshops. Surveys of the 9 school districts administering STEMfocused learning programs and total students enrolled.

	academic year.	
<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
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			writing?
1. Amount Requested from the State in this Appropriations Project Request:	545,000	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	545,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No