

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Black Professionals Network
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Kionne McGhee  
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					537,838	537,838

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 Financial Services
  - 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.  
Failure to perform 60% of deliverables or performance measures will bar organization from requesting State funds for two years.

6. Requester:

- a. Name: Kenasha Paul
- b. Organization: Black Professionals Network
- c. Email: kenasha@mybpnetwork.org
- d. Phone #: (305)999-5362

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

- a. Name: Kenasha Paul
- b. Organization: Black Professionals Network
- c. Email: kenasha@mybpnetwork.org
- d. Phone #: (305)999-5362

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: Black Professionals Network
- b. County (County where funds are to be expended): 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?

Black Professionals Network run workshops and programming around financial literacy/management, housing, professional development and entrepreneurship. Workshops invite high-level and experienced speakers and experts to educate the Miami-Dade County and Broward County professionals on these subjects to build capacity and assist in business ownership, job creation, talent development, and homeownership.

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 (\$65,000) and (1) Administrative Assistant (\$32,500)	97,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Employment Taxes and Health Insurance	25,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office Space: \$24,000 Website and IT/Office Solutions: \$25,383 Printing Supplies: \$5,000 Marketing: \$25,000	75,338
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Grant Writer: \$10,000 Legal: \$5,000 Accounting: \$5,000	20,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Program Development Coordinators at \$55,000 each (4) 1 Program Development Officer 1 Career Resource Coordinator 1 Business Development Officer 1 Business Resource Coordinator	220,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Venue Rentals: \$20,000 Business Assessments: \$5,000 Career	50,000

	Assessments: \$5,000 Business Resource Board: \$5,000 Career Resource Board: \$5,000	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Speakers/Subject-Matter Professionals Stipends: \$50,000 (\$1,000 x 4 sessions per month), total workshop = 50	50,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>537,838</b>

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:

Major organizational backing from Knight Foundation, local meetings throughout Miami-Dade from 2014 to present and letters of support from Miami-Dade County elected officials.

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?

Coaching, technical assistance, career, personal and business development workshops, and special events/programming.

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

Job Board, Career Matching, Office Solutions and Technology Training, Technical Assistance, Opportunity Sourcing, 1st Time Home Buyer Assistance, Financial Coaching, and Mental & Wellness Coaching

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 checked="" type="checkbox"/> Improve mental health	Reduce stress and anxiety among Black/African-American professionals specifically between the ages for 22-40	Through our Thrive program, enrolled participants will take pre and post assessments by our certified mental health professionals, our program provides coping techniques and strategies to identify and manage stress.
<input checked="" type="checkbox"/> Enrich cultural experience	Increase exposure and education on a wide range of cultures through history, art/music and customs/traditions within the Black/African Diaspora.	Through our Special Events programs which will host workshops and events for Black History Month, Pan-African History, Haitian Heritage Month, Caribbean American Heritage Month, Black Business Month. We measure our effectiveness in two approaches: anecdotal and survey base. Interviewing and conducting pre and post-event surveys.
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input checked="" type="checkbox"/> Improve quality of education	Improve the technical skills required to be competitive in the digital and virtual age.	Through our Techie Skills program, enrolled participants are provided skills based learning utilizing the most in-demand business solution software and products through case studies, hands-on learning and assessments.
<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	Increase the number of startup businesses within the organization that are profitable and maintain existence for three years and more.	Throughout Miami-Dade and Broward County there are set-asides for small businesses owners and historically there is inadequate number of businesses who are able to participate in the program. The Small Business Enterprise program requires a minimum of three years of operations and capacity to render services. We will increase the number of participating Black/African-American business owners by 3%
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Decrease the under employment rate within the South Florida region, Black/African-American have the highest rate of unemployment at 6.3%. However, among degreed professionals many of the professionals are not in jobs that fall	Develop strategic partnership with Corporations and Small Businesses to provide career matching opportunities for advanced level jobs. Managerial to C-Suite. Conduct professional development workshops and skills assessments. Individuals

	under their degree or qualifications.	enrolled in the program will complete profile of existing degrees, certifications and skills and at the conclusion of the incubator program do post-assessment and job-matching.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase the number of homeowners within the community.	Working with community organizations and lenders create a grant program that will give professionals down payment assistance. Our program will take into consideration the type of debt such as student loans to remove the hurdle to homeownership.
<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?
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1. Amount Requested from the State in this Appropriations Project Request:	537,838	90.0%	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:	60,000	10.0%	No
TOTAL	597,838	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