

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: African American History Task Force
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Geraldine Thompson
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:	100,000		100,000	100,000	200,000	300,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
 - 5a. If yes, which state agency? Department of Education
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 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.
Retraction of a percentage of funds or termination of contract

6. Requester:

- a. Name: Tony Hill
- b. Organization: African American History Task Force
- c. Email: tonyhill1367@gmail.com
- d. Phone #: (904)705-5182

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

- a. Name: Tony Hill
- b. Organization: African American History Task Force
- c. Email: tonyhill1367@gmail.com
- d. Phone #: (904)705-5182

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: African American History Task Force
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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) Office of State Government

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

Florida’s African American History Task Force is an advocate for Florida’s school districts, teacher education training centers, and the community at large in implementing the teaching of the history of African peoples and the contributions of African Americans to society. The Task Force works to ensure awareness of the requirements, identify and recommend needed state education leadership action, assist in adoption of instructional materials by the state, and build supporting partnerships.

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	Project Coordinator \$45,500 Benefits \$5,915 Maintain daily office hours, answer phone inquiries, maintain all systems as required, process travel requests, maintain a database of all records, prepare reports, assist in outreach to school districts and maintain website, prepare all correspondences, provide support to personnel utilizing the African American content staff development Fringe Benefit @ 13% (FICA, Retirement, Insurance & Workman’s Compensation).	51,415
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	\$15,000 Task Force Members travel for meetings, trainings, and conferences. \$28,500 Summer Institute/District Educator workshops for district personnel and other	78,500

	stakeholders (facility rental/hotel accommodations for participants, transportation, training consultants, and materials). \$35,000 African American History Educator Academies (AAHEA) support school districts that have requested assistance or are seeking designation as “Exemplary” districts. Results will be shared with FDOE and other	
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Website professional development. Improve teacher/student knowledge about African American history through the African American History Task Force initiatives: Comprehensive reporting and data highlighting program efficacy and impact in area schools Cutting-edge, interactive, digital learning technology private-labeled to AAHTF, cost \$30,000	30,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	\$20,000 Summer Workshop/African American History Educator Academies (AAHEA) Materials Materials and office supplies (paper, ink cartridges, copier supplies, pens, folders, note pads). \$5,085 Travel External Evaluator/Technical Consultants-provide travel commuting round trip from their home	25,085

	cities to the African American History Task Force meetings and trainings.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	External Evaluator Collect student achievement data from school districts that have requested assistance and/or are seeking to be designated as “Exemplary.” The plan also includes measurable data that documents the effect of project goals on student learning gains and teacher effectiveness. Data and analysis will be conducted in conjunction with the external Evaluator. Evaluate the program to determine any best practices and to identify any need for program revisions.	15,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		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:

Leaders in the Florida Legislature and Department of Education have expressed support for the Task Force, especially given current events and expected legislation in the 2020 Legislative Session.

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 checked="" type="checkbox"/> Improve quality of education	Compliance with Section 1003.42(2)(h) in school districts across the state	Increase in number of compliant districts given "exemplary" status by the Task Force; demonstrated compliance with Section 1003.42(2)(h) as determined by the State Board 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 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 writing?
1. Amount Requested from the State in this Appropriations Project Request:	200,000	66.7%	N/A

2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	100,000	33.3%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	300,000	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