

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: North Florida Community College- Building 13
2. Date of Submission: 11/08/2017
3. House Member Sponsor: Halsey Beshears
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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2018-19 <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: | | | | | 11,178,968 | 11,178,968 |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.
N/A

6. Requester:

- a. Name: John Grosskopf
- b. Organization: North Florida Community College
- c. Email: Grosskopfj@nfcc.edu
- d. Phone #: (850)973-1601

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

- a. Name: Andrew Barnes
- b. Organization: North Florida Community College
- c. Email: barnesa@nfcc.edu
- d. Phone #: (850)973-1604

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

- a. Name: Missy Timmins
- b. Firm: Timmins' Consulting
- c. Email: Missy@timminsconsulting.com
- d. Phone #: (850)668-8000

9. Organization or Name of entity receiving funds:

- a. Name: North Florida Community College
- b. County (County where funds are to be expended): Madison
- c. Service Area (Counties being served by the service(s) provided with funding): Hamilton, Jefferson, Lafayette, Madison, Suwannee, Taylor

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?

Renovate/ Remodel Educational classrooms to:

1. weather harden
2. increase on campus utilization rates
3. increase dual enrollment opportunities to our service district.

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 type="checkbox"/> b. Other Salary and Benefits | | |
| <input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| <input type="checkbox"/> e. Salaries and Benefits | | |
| <input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Fixed Capital Outlay project to renovate/remodel and add onto a structurally sound building that needs to be modified in or order to meet the workforce training demands of our service area. Part of the project will | 11,178,968 |

| | | |
|-------|--|------------|
| | be to weather-harden the training center to continue to provide services to our six county area in the aftermath of sever weather. | |
| TOTAL | | 11,178,968 |

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?

Yes

14a. Will this information technology project be managed within a state agency to support state agency program goals?

No

14b. What is the total cost (all years) to design and build the project?

11,178,968

14c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?

14d. Can the state agency fund the ongoing annual recurring costs within its current operating budget?

Yes

14e. What are the specific business objectives or needs the IT project is intended to address?

Increased infrastructure to provide career and technical courses primarily for manufacturing training.

14f. Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?

Increased FTE in CTE training programs in the areas of industrial machinery maintenance and advanced manufacturing processes.

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:

Workforce boards are an ongoing part of our efforts to understand the training needs in our six county area.

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?

Education

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

Post-secondary training for our region that will lead to higher entry wages and skilled workers for our six county area.

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 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 | Increased opportunities for post-secondary training that leads to careers on our local area. | FETPIP employment data that shows an increase in employment in our local area. |
| <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 | Provide a pathway out of the label of " an area of economic concern " | Increased activity relating to relocation of businesses as a result of a skilled workforce. |
| <input type="checkbox"/> Increase tourism | | |
| <input type="checkbox"/> Create specific immediate job opportunities | | |
| <input checked="" type="checkbox"/> Enhance specific individual?s economic self sufficiency | The specific measure will be the entry average wage and job placement measures included in Florida College System performance funding. The most recent year of Performance funding was at approximately 90%. The goal will be to move closer to 100% of the Performance Measure | The method used will be the annual updated Performance Funding Model provided by the Florida College System. |
| <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 2018-19 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: | 11,178,968 | 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 | 11,178,968 | 100% | |

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

No