Appropriations Project Request - Fiscal Year 2018-19
For projects meeting the Definition of House Rule 5.14

1. Title of Project: State College of Florida Manatee-Sarasota - Operational Support
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Jim Boyd
   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?   2017-18
   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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:	292,501	1,381,510	1,674,011	292,501	1,381,510	1,674,011

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? 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? 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: <u>Dr. Carol Probstfeld</u>
     b. Organization: <u>State College of Florida, Manatee-Sarasota</u>
     c. Email: <u>probstc@scf.edu</u>
     d. Phone #: <u>(941)752-5001</u>

7. Contact for questions about specific technical or financial details about the project:
     a. Name: <u>Brian Thomas</u>
     b. Organization: <u>State College of Florida, Manatee-Sarasota</u>
     c. Email: <u>thomasb1@scf.edu</u>
     d. Phone #: <u>(941)752-5392</u>

8. Is there a registered lobbyist working to secure funding for this project?
     a. Name: <u>Andy Palmer</u>
     b. Firm: <u>Metz, Husband and Daughton</u>
     c. Email: <u>andy.palmer@metzlaw.com</u>
     d. Phone #: <u>(850)205-9000</u>

9. Organization or Name of entity receiving funds:
     a. Name: <u>State College of Florida, Manatee-Sarasota</u>
     b. County (County where funds are to be expended): <u>Manatee</u>
     c. Service Area (Counties being served by the service(s) provided with funding): <u>Manatee, Sarasota</u>

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?

Funding will allow SCF to retain nursing faculty in a highly competitive market for one of the state's best nursing programs. Funding will allow SCF to retain academic advisors and provide support for on-time completion, including software tools annual licenses to support on-time completion.

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:		
☐a. Executive Director/Project Head Salary and Benefits		
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	Academic Advisors and Nursing Faculty	1,201,510
☑f. Expenses/Equipment/Travel/Supplies/Other	Academic advising Degree Scheduler and Degree Audit software annual licenses.	180,000
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,381,510

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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)
    N/A

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?
    No

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?
        national market to serve one of Florida's most rapidly aging communities. SCF requires funding to enhance student retention and completion rates, including an effectively staffed assigned advisor model and software tools licenses for degree scheduler and degree audit programs.

   17b. Describe the direct services to be provided to the citizens by the funding requested.
        SCF will fully implement an industry-standard assigned advisor model with required soflware licenses, which will positively impact student retention and on-time degree completion. SCF will be able to retain qualified and experienced nursing faculty to address the needs of one of the state's most rapidly aging population.

   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
☑Improve physical health	SCF Nursing graduates serve the health needs of residents in Manatee and Sarasota Counties. Competent healthcare providers are critical in one of the state's fastest aging communities.	NCLEX examination scores and number of nurses hired by Manatee and Sarasota County hospitals.
☐Improve mental health		

☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		
☑Improve quality of education	NCLEX examination scores and number of nurses hired by Manatee and Sarasota County hospitals.	State performance funding metrics.
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual?s economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		
☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		

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☐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:	1,381,510	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	1,381,510	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
<u>No</u>