



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** South Florida State College Mechanical Infrastructure Renovation

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

Replace or renovate failing mechanical infrastructure College-wide, including air handlers, control systems, and central chiller plant equipment

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|---|---------------------------------------|
| | 1,450,000 | 1,450,000 |

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

| Type | Amount | Percent |
|--|--------|---------|
| Federal | 0 | 0.0% |
| State (excluding the amount of this request) | 0 | 0.0% |
| Local | 0 | 0.0% |
| Other | 0 | 0.0% |
| TOTAL | 0 | 0.0 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,450,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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| | | | |
|---------------------------|---|--|---|
| FY: | Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) | | |
| Column: | A | B | C |
| Funds Description: | Prior Year Recurring Funds * | Prior Year Nonrecurring Funds * | Total Funds Appropriated (Column A + Column B) |
| Input Amounts: | | | |

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

None. Funds will revert within 31 months if project is not complete.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Replace or renovate failing mechanical infrastructure College-wide, including air handlers, control systems, and central chiller plant equipment.

c. How will the funds be expended?

| Spending Category | Description | Amount |
|--|-------------|--------|
| Administrative Costs | | |
| <input type="checkbox"/> Executive Director/Project Head Salary and Benefits | | |
| <input type="checkbox"/> Other Salary and Benefits | | |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Operational Costs | | |
| <input type="checkbox"/> Salary and Benefits | | |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |



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| | | |
|---|--|-----------|
| Fixed Capital Construction/Major Renovation | | |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | Replace or renovate failing mechanical infrastructure College-wide, including air handlers, control systems, and central chiller plant equipment | 1,450,000 |
| TOTAL | | 1,450,000 |

d. What are the direct services to be provided to citizens by the appropriations project?

Safer and more comfortable facilities and cost savings (higher efficiency units and control systems).

e. Who is the target population served by this project? How many individuals are expected to be served?

College students, high school students on campus, and visitors/patrons/guests. We serve over 10,000/yr.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Safer and more comfortable facilities and cost savings (higher efficiency units and control systems). Student satisfaction surveys and routine monitoring.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

None--the college will serve as the primary contractor

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

South Florida State College is the owner of the facility.

13. Requestor Contact Information:

- a. **Name:** Thomas Leitzel
- b. **Organization:** South Florida State College
- c. **Email:** Thomas.Leitzel@southflorida.edu
- d. **Phone Number:** (863)784-4111

14. Recipient Contact Information:

- a. **Organization:** South Florida State College
- b. **County:** DeSoto, Hardee, Highlands
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Glenn Little

e. E-mail Address: littleg@southflorida.edu

f. Phone Number: (863)784-7218

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Keaton Alexander

b. Firm: Silver Palm Consulting, LLC

c. Email: keaton@jdalexander.com

d. Phone Number: (863)528-2024