



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** North Florida Community College Building 7&8 Remodel

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

Renovation/ Remodel to expand and accommodate teleconference courses to rural High Schools in a geographically large and sparsely populated service district in addition to expansion of course offerings to increase access to all students in the service area.

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
	3,283,975	3,283,975

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):** 3,283,975

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

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:		3,094,530	3,094,530	

**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?**

North Florida Community College serves six rural and sparsely populated counties that have been designated an Area of Economic Concern. This facility request is needed to expand access to teleconference courses to area high schools for the purpose of dual enrollment.

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

Delivery of postsecondary instruction to fiscally constrained counties and expansion of access to rural high schools.

**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		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Remodel	3,283,975
TOTAL		3,283,975

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

Postsecondary instruction

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

Approximately 5,000

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

Increased enrollment in dual enrollment courses from Taylor, Lafayette, Suwannee, Hamilton and Madison Counties.

**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

**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.**

North Florida Community College – Relationship self

**13. Requestor Contact Information:**

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

**14. Recipient Contact Information:**

- a. **Organization:** North Florida Community College
- b. **County:** Hamilton, Jefferson, Lafayette, Madison, Suwannee, Taylor
- 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:** John Grosskopf

**e. E-mail Address:** grosskopfj@nfcc.edu

**f. Phone Number:** (850)973-1601

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

**a. Name:** Missy Timmins

**b. Firm:** Timmins Consulting

**c. Email:** missy@timminsconsulting.com

**d. Phone Number:** (850)264-3225