Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Pasco-Hernando State College - Remodeling of West Campus Building, A-E

Senate Sponsor: Wilton Simpson
 Date of Submission: 01/17/2018

4. Project/Program Description:

Enhance and expand student service support space to meet increasing demands. Support services include admissions/records, advising, veteran services, financial aid, and student life. The College's Firing Range will also be enhanced.

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
	4,500,000	4,500,000

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

Туре	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): 4,500,000

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:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		4,500,000	4,500,000

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

Yes

a. If yes, indicate non-recurring amount per year.

Greater than \$10,000,000 per year

11. Program Performance:

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

Enhance student support services space to more efficiently serve the increased demand for student counseling, academic, and financial advising.

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

<u>Enhance student support services space to more efficiently serve the increased demand for student counseling, academic and financial advising.</u>

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Operational Costs		



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□Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning Engineering	Remodeling of West Campus buildings A-E	4,500,000
TOTAL		4,500,000

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

Enhanced advising and counseling, enhanced and increase in serve space

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

College students, high school dual enrolled students, over 6,000 students will be served.

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

The outcome of the project will result in an enhanced environment for student success, this will be measured by student retention and student completion.

- 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?
 The withholding of state and institutional investment funds.
- 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.

The District Board of trustees of Pasco-Hernando State College

13. Requestor Contact Information:

a. Name: Timothy Beard

b. Organization: Pasco-Hernando State College

c. Email: bearadt@phsc.ed

d. Phone Number: (727)214-7706

14. Recipient Contact Information:

a. Organization: Pasco-Hernando State College

b. County: Pascoc. Organization Type:

O For Profit



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- O Non Profit 501(c) (3)
- O Non Profit 501(c) (4)
- O Local Entity
- University or College
- O Other (Please specify)

d. Contact Name: Timothy Beard
e. E-mail Address: beardt@phsc.ed
f. Phone Number: (727)214-7706

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

a. Name: <u>Shawn Foster</u>b. Firm: <u>Sunrise Consulting</u>c. Email: <u>foster@scgroup.us</u>

d. Phone Number: (727)808-4131