



# The Florida Senate

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

1. **Title of Project:** FGCU Integrated Watershed and Coastal Studies

2. **Senate Sponsor:** Lizbeth Benacquisto

3. **Date of Submission:** 01/19/2018

4. **Project/Program Description:**

Academic Building 9, laboratory and classrooms, Integrated Watershed and Coastal Studies

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
	32,950,763	32,950,763

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):** 32,950,763

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)

c. What is the most recent fiscal year the project was funded? 2016-17

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

e. Complete the following Worksheet.



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

### 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?

Increased retention, continual improvement of 4-year graduation rates and increased STEM degree production.

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

Additional classroom and laboratory space to address the current laboratory space deficit and increase course offerings that will allow students to graduate in 4-years with Bachelor's and Graduate Degrees in Areas of Strategic Emphasis (included STEM).

#### 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	Construction	32,950,763
TOTAL		32,950,763

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

Laboratory classroom space to students attending FGCU

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

Student population enrolled at FGCU, approximately 15,000 students

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

To achieve continued improvement of the BOG Performance funding metrics, which is the methodology that will be used to determine the expected outcomes.

**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?**

Available funding determined by the Board of Governors.

**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.**

State of Florida, Florida Gulf Coast University

**13. Requestor Contact Information:**

- a. **Name:** Mike Martin
- b. **Organization:** Florida Gulf Coast University
- c. **Email:** mvmartin@fguc.edu
- d. **Phone Number:** (239)590-1051

**14. Recipient Contact Information:**

- a. **Organization:** Florida Gulf Coast University
- b. **County:** Lee
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)



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

- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) Public Body Corporate for the State of Florida

**d. Contact Name:** Jennifer Goen

**e. E-mail Address:** Jgoen@fgcu.edu

**f. Phone Number:** (239)823-5718

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

**a. Name:** Charlie Dudley

**b. Firm:** Florida Partners

**c. Email:** cdudley@flapartners.com

**d. Phone Number:** (850)508-9091