



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** FAMU Infrastructures and Central Plant Improvements

2. **Senate Sponsor:** Bill Montford

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

4. **Project/Program Description:**

With the requested funds, a new high efficiency chiller, low-emissions and high efficiency boilers, and redundant condenser water well will be provided thereby improving the utility infrastructure capacity, reliability, and energy efficiency. This will also reduce the University's deferred maintenance.

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?
Department of Education

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
	17,100,000	17,100,000

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):** 17,100,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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?

Yes

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

2019-20 Request - \$4,850,000, 2020-21 Request - \$4,400,000, 2021-22 Request - \$7,850,000

11. Program Performance:

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

Increased utility capacity, redundancy, efficiency, and reliability. Reduction in deferred maintenance.

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

Improve campus utility infrastructure

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Boilers, chillers, and associated equipment	17,100,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		17,100,000

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

Campus heating, cooling, and indoor air environment

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

Faculty, staff, students, and visitors with population in excess of 10,000

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

Outcome will be measured by improved infrastructure reliability and efficiency and reduction in deferred maintenance

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?

Loss of funding

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.

Same

13. Requestor Contact Information:

- a. **Name:** Larry Robinson
- b. **Organization:** Florida A&M University
- c. **Email:** larry.robinson@famu.edu
- d. **Phone Number:** (850)599-3225

14. Recipient Contact Information:

- a. **Organization:** Florida A&M University
- b. **County:** Leon
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)



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

d. Contact Name: Larry Robinson

e. E-mail Address: larry.robinson@famu.edu

f. Phone Number: (850)599-3225

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

a. Name: Barbara Cohen-Pippin

b. Firm: Florida A&M University

c. Email: barbara.pippin@famu.edu

d. Phone Number: (850)599-3185