



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1051

1. **Project Title** Remodeling of Buildings A-E West campus

2. **Senate Sponsor** Ed Hooper

3. **Date of Request** 10/22/2019

4. **Project/Program Description**

Funds to support the remodeling and renovation of campus facilities.

5. **State Agency to receive requested funds** Department of Education

State Agency contacted? ☒ Yes ☐ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	5,000,000
Total State Funds Requested	5,000,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	5000000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	5,000,000	100 %

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2017-18	00	2,551,797	20	No

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 10,000,000



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1051

10. Details on how the requested state funds will 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: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Cost for remodeling and materials	5,000,000
Total State Funds Requested (must equal total from question #6)		5,000,000



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1051

11. Program Performance

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

Funds will help enhance the renovation of classrooms and student services areas.

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

The design and appropriate remodeling activities will be performed.

c. What direct services will be provided to citizens by the appropriation project?

Instructional services and student processing of admissions documents.

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

Students in Pasco and Hernando Counties. Services are available to over 20,000 college and high school students.

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

The project completion will enhance facilities to provide quality education to students interested in receiving educational credentials from PHSC. This outcome will be measured by a student satisfactory survey.

f. 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?

College could lose future funding if students do not complete their college program in a timely manner.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1051

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Facility will be under the authority of the Pasco Hernando State College District Board of Trustees.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☒ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.