

LFIR # 1109

| enate Sponsor | Keith Perry | | |
|--|---|---|---|
| ate of Request | 10/28/2019 | | |
| roject/Program | Description | | |
| construction of drivew ft stations, drainage a | ment of South entrance of the Orange Pa ay and any necessary turning lanes to im and piping repairs, replacement of aging v HVAC upgrades/replacements, and collec | prove safety of access to c windows and door systems | ampus from College Drive. Project al |
| | <u>·</u> | artment of Education | |
| State Agency conf | | V 0000 0004 | |
| | onrecurring Request for Fiscal | Amount | |
| Type of Fundin | y | | |
| • | .41 | 000 | |
| Fixed Capital Ou | - | 23,055,600 | |
| | ds Requested | 23,055,600 | |
| otal Project Cos | et for Fiscal Year 2020-2021 (in | cluding matching fu | |
| otal Project Cos | et for Fiscal Year 2020-2021 (in | cluding matching fu | Percentage |
| otal Project Cos Type of Funding Total State Fund | st for Fiscal Year 2020-2021 (inc g s Requested (from question #6) | cluding matching fu | |
| otal Project Cos | st for Fiscal Year 2020-2021 (inc g s Requested (from question #6) | cluding matching fu | Percentage |
| otal Project Cos Type of Funding Total State Fund Matching Funds Federal | st for Fiscal Year 2020-2021 (inc g s Requested (from question #6) | cluding matching fu Amount 23055600 | Percentage 100.0 % |
| otal Project Cos Type of Funding Total State Fund Matching Funds Federal | st for Fiscal Year 2020-2021 (inc g s Requested (from question #6) | Amount 23055600 | Percentage |
| otal Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding | st for Fiscal Year 2020-2021 (inc g s Requested (from question #6) | Amount 23055600 00 | Percentage 100.0 % 0 % 0 % |
| otal Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other | st for Fiscal Year 2020-2021 (inc g s Requested (from question #6) | Amount 23055600 00 00 | Percentage 100.0 % 0 % 0 % 0 % |
| Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Collas this project | st for Fiscal Year 2020-2021 (incomes g s Requested (from question #6) s the amount of this request) oreviously received state funding most recent instance: | Cluding matching fu Amount 23055600 00 00 00 23,055,600 | Percentage 100.0 % 0 % 0 % 0 % 0 % 100 % |
| otal Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co | st for Fiscal Year 2020-2021 (incept) s Requested (from question #6) s the amount of this request) osts for Fiscal Year 2020-2021 oreviously received state funding most recent instance: Amount | Cluding matching fu Amount 23055600 00 00 00 23,055,600 ing? Yes • N | Percentage 100.0 % 0 % 0 % 0 % 100 % |

If yes, indicate nonrecurring amount per year.



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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: Oth | er | |
| Salary and Benefits | | |
| | | |
| | | |
| Expense/Equipment/ Travel/Supplies/Other | | |
| | | |
| | | |
| Consultants/Contracted Services/Study | | |
| | | |
| | | |
| Fixed Capital Construc | tion/Major Renovation: | |
| Construction/Renovation/ Land/Planning Engineering | Project includes alignment of South entrance of the Orange Park Campus with/and replacement of existing traffic signal along with construction of driveway and any necessary turning lanes to improve | 23,055,600 |
| Lingilleering | safety of access to campus from College Drive. Project also includes lift stations, drainage and piping repairs, replacement of aging windows and door systems, parking lots resurfacing, roofs replacement, building renovations, HVAC upgrades/replacements, and college-wide access controls. | |
| Total State Funds Re | quested (must equal total from question #6) | 23,055,600 |
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| 11. | Program Performance |
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| | a. What specific purpose or goal will be achieved by the funds requested? |
| | Maintenance of an educational plant for safe and effective instruction to the college community. |
| b. | What activities and services will be provided to meet the intended purpose of these funds? |
| | Education and correction of life safety and ADA deficiencies. |
| C. | What direct services will be provided to citizens by the appropriation project? |
| | Providing the citizens with a quality education in a safe environment. |
| d. | Who is the target population served by this project? How many individuals are expected to be served? |
| | College age students >10,000 |

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

| Completion of certificates and degrees. | |
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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?

| Unknown at this time. | |
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| St. | Johns River State | College is both the owner and reques | ting entity. | | |
|-----|-------------------|--------------------------------------|--------------|--------|--|
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| Re | equestor Contact | t Information | | | |
| a. | First Name | Melissa | Last Name | Miller | |
| b. | Organization | St. Johns River State College | | | |
| c. | E-mail Address | melissamiller@sjrstate.edu | | | |
| d. | Phone Number | (386)312-4106 | Ext. | | |
| Re | cipient Contact | Information | | | |
| a. | Organization | St. Johns River State College | | | |
| b. | Municipality and | County Putnam | | | |
| c. | Organization Typ | oe e | | | |
| | O For-profit E | ntity | | | |
| | Non-Profit 8 | 501(c) (3) | | | |
| | O Non-Profit 5 | 501(c) (4) | | | |
| | Cocal Entity | , | | | |
| | O University of | or College | | | |
| | Other (plea | se specify) | | | |
| d. | First Name | Melissa | Last Name | Miller | |
| e. | E-mail Address | melissamiller@sjrstate.edu | | | |
| | Phone Number | | | | |
| Lo | obbyist Contact I | nformation | | | |
| a. | Name | Jack Hall | | | |
| b. | Firm Name | St. Johns River State College | | | |
| c. | E-mail Address | jackhall@sjrstate.edu | | | |
| ٨ | Phone Number | (386)3124293 | Ext. | | |