



# The Florida Senate

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

1. **Title of Project:** Remodel Health Sciences Building 420 Niceville Campus

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 01/02/2018

4. **Project/Program Description:**

Remodel Health Sciences Building 420, Niceville Campus

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
	12,787,646	12,787,646

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):** 12,787,646

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

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?

Remodel Health Sciences Building. This facility contains asbestos that will need to be safely abated before renovation/remodeling can occur. This project is included on the Florida Department of Education PECO funding list. Improved student performance and experience in Health Sciences.

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

Complete remodel of building 420, including asbestos mitigation/0

#### 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		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction management and architectural services	12,787,646
TOTAL		12,787,646

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

Improved educational facilities for students, greater energy efficiency, asbestos abatement, safer and more comprehensive learning environment

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

Allied Health and other students at Northwest Florida State College. 2,200 students at a minimum.

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

Learning based outcome measures, pass rates for credentialing exams.

**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?**

Daily penalty rates for late delivery.

**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 facility is owned by Northwest Florida State College.

**13. Requestor Contact Information:**

- a. **Name:** Randall White
- b. **Organization:** Northwest Florida State College
- c. **Email:** Whiter3@nwfsc.edu
- d. **Phone Number:** (850)729-6404

**14. Recipient Contact Information:**

- a. **Organization:** Northwest Florida State College
- b. **County:** Okaloosa
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity



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☒ University or College

☐ Other (Please specify)

**d. Contact Name:** Randall White

**e. E-mail Address:** Whiter3@nwfsc.edu

**f. Phone Number:** (850)729-6404

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**