



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** RIVEROAK Technical College Expansion and Remodeling Project

2. **Senate Sponsor:** Bill Montford

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

4. **Project/Program Description:**

Funds will afford RIVEROAK Technical College to expand existing health education programs and implement new allied health programs addressing workforce needs in the health care industry throughout RIVEROAK Technical College's service area. Funding will allow for all costs associated with this project to include design, engineering, permitting, and construction remodeling of the acquired store front property to a career and technical education health facility that has been in our plant survey recommendation for the past 5 years. Monies will also remodel existing health education spaces that will be relocated to the remodeled building into CTE instructional areas to satisfy other workforce recommended programs in our service area.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

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

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
	1,823,125	1,823,125

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):** 1,823,125

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) 1



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- c. What is the most recent fiscal year the project was funded? 2017-18
d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
e. Complete the following Worksheet.

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:		300,000	300,000

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?

To expand allied health programs at RIVEROAK Technical College thus increasing enrollment and job placement in critical needs areas identified by CareerSource North Florida.

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

Funding will be utilized to renovate an existing storefront to expand allied health programs and renovate existing facility to expand other career and technical education programs as identified by workforce data and industry needs.

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		



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<input type="checkbox"/> Salary and Benefits		
<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	Funding will allow for all costs associated with this project to include design, engineering, permitting, and construction remodeling of the acquired store front property to a career and technical education health facility that has been in our plant survey recommendation for the past 5 years. Monies will also remodel existing health education spaces that will be relocated to the remodeled building into CTE instructional areas to satisfy other workforce recommended programs in our service area.	1,823,125
TOTAL		1,823,125

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

Expanded allied health education programs will be provided. Programs will include Dietary Management, Practical Nursing, Phlebotomy, Pharmacy Technology, Surgical Technology, Patient Care Technician, and Dental Assisting.

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

Targeted population includes: economically disadvantaged, displaced homemakers, jobless individuals, adults, and dual-enrolled secondary students

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

Increase advanced educational opportunities and increase job placement in critical health care fields as identified by industry partners, CareerSource North Florida, and local Economic Council. Increase program



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capacity in critical needs health occupations. Provide lab space for medical programs to earn National accreditation in the Pharmacy Technology program. Improve quality of education by improved lab access. Evaluative measures will include: Certification or licensure pass rate on private, state, and national assessments, Department of Economic Opportunity regional data, CareerSource regional data, Employee Verification Forms, student surveys, and Council on Occupational Education placement data.

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?

Suwannee County School District will utilize district, state, and federal guidelines/policies for contractual agreements with vendors (i.e., building contractor) to ensure deliverables are appropriately met. Penalties will reflect current state and federal guidelines for noncompliance of deliverables.

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.

Suwannee County School District currently owns facility and will manage fixed capital outlay funding.

13. Requestor Contact Information:

- a. **Name:** Ted L. Roush
- b. **Organization:** Suwannee County School District
- c. **Email:** ted.roush@suwannee.k12.fl.us
- d. **Phone Number:** (386)647-4604

14. Recipient Contact Information:

- a. **Organization:** Suwannee County School District
- b. **County:** Suwannee
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Ted L. Roush
- e. **E-mail Address:** ted.roush@suwannee.k12.fl.us
- f. **Phone Number:** (386)647-4604

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**