



# The Florida Senate

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

1. **Title of Project:** Palm Beach State College for Dental & Medical Services Tech Bldg.

2. **Senate Sponsor:** Bobby Powell

3. **Date of Submission:** 02/06/2018

4. **Project/Program Description:**

From the unexpended balance of funds appropriated in Specific Appropriation 20 of Chapter 2017-70, Laws of Florida, for Palm Beach State College for Dental & Medical Services Tech Bldg. (Replaces Bldgs. 115 & 230) – Lake Worth for \$5,000,000, the lesser of the unexpended balance or \$5,000,000 shall revert immediately and be re-appropriated to Palm Beach State College for Dental & Medical Services Tech Bldg. (Replaces Bldg. 115 LW) – Loxahatchee Groves. The scope and budget of this project have not changed, however, the location of the project has been changed by the College's District Board of Trustees to better meet the needs of the local community.

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
	5,000,000	5,000,000

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):** 5,000,000

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

c. What is the most recent fiscal year the project was funded? 2017-18



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- 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:		5,000,000	5,000,000

### 10. Is future-year funding likely to be requested?

Yes

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

\$16,657,383 is needed to complete the construction of the project. No, future requests will be made for to revert and re-appropriate.

### 11. Program Performance:

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

Completing the construction stage of the Dental & Medical Building. This building will serve as the first class at the Loxahatchee Grove campus to graduate from this program.

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

Providing dental and hygiene program with additional medical services components to meet the needs of the community. It will also serve as a dental clinic

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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<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	Building	5,000,000
TOTAL		5,000,000

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

Providing dental and hygiene program with additional medical services components to meet the needs of the community. It will also serve as a dental clinic.

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

Students and Community/Constituents Members.

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

It will serve as the only accredited dental hygiene and dental training program in palm beach county

**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?**

The program will cease to exist and we will not be able to service the community.

**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.**

Palm Beach State College – Relationship Self

**13. Requestor Contact Information:**

- Name:** Rachael Ondrus
- Organization:** Palm Beach State College
- Email:** ondrusr@palmbeachstate.edu
- Phone Number:** (850)322-7908

**14. Recipient Contact Information:**

- Organization:** Palm Beach State College



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**b. County:** Palm Beach

**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:** Rachael Ondrus

**e. E-mail Address:** ondrusr@palmbeachstate.edu

**f. Phone Number:** (850)322-7908

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**