Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Land Acquisition for Florida State University

2. Date of Submission: <u>01/27/2017</u>3. House Member Sponsor: Joe Gruters

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d

- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)		Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)				
Column:	А	В	С	D	D E F		
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)	
Input Amounts:					5,000,000	5,000,000	

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? Yes

5a. If yes, which state agency? Department of Education

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency.

6. Requester: a. Name: Kyle Clark b. Organization: Florida State University c. Email: kclark@fsu.edu d. Phone #: (850)644-4444
 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester): a. Name: <u>Kathy Mears</u> b. Organization: <u>Florida State University</u> c. Email: <u>kmears@fsu.edu</u> d. Phone #: (850)251-4466
8. If there is a registered lobbyist, fill out the lobbyist information below. a. Name: Kathy Mears b. Firm: Florida State University c. Email: kmears@fsu.edu d. Phone #: (850)251-4466
 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact): a. Name: Florida State University b. County (County where funds are to be expended): Leon c. Service Area (Counties being served by the service(s) provided with funding): Statewide
 10. What type of organization is the entity that will receive the funds? (Select one) O For Profit O Non Profit 501(c) (3) O Non Profit 501(c) (4) O Local Government O University or College O Other (Please describe)

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

For more than 25 years, FSU has maintained a master plan. Repeated updates of the plan have provided evidence of the need to expand the boundaries of the main campus. FSU has one of the most densely populated main campuses in the SUS. The need for additional land has been made even more urgent due to the exponential enrollment growth, academic research/program, and student activities over the past 15 years.

12. Provide specific details on how funds will be spent. (Select all that apply)

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Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
☐a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
□e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	\$5 million land acquisition	5,000,000
TOTAL		5,000,000

^{13.} For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

OFor Profit ONon Profit 501(c) (3) ONon Profit 501(c) (4) OLocal Government (e.g., police, fire or local government buildings, local roads, etc.) OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation systemetc.) OOther (Please describe)
14. Is the project request an information technology project? No
15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support? Yes
15a. Please Describe: Board of Trustees, Board of Governors
16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? Yes
16a. Please Describe: FSU Master plan
17. Will the requested funds be used directly for services to citizens? Yes
17a. Describe the target population to be served. Select all that apply to the target population: ☐ Elderly persons ☐ Persons with poor mental health ☐ Persons with poor physical health ☐ Jobless persons ☐ Economically disadvantaged persons ☐ At-risk youth ☐ Homeless ☐ Developmentally disabled

□Physically disabled
□Drug users (in health services)
☑Preschool students
☑Grade school students
☑High school students
☑University/college students
□Currently or formerly incarcerated persons
□Drug offenders (in criminal Justice)
□Victims of crime
☑Other (Please describe): researchers, scientists, faculty, business/industry leaders, community leaders
17b. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
O101-200
O201-400
O401-800
⊙ >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
☑Improve quality of education	more student learning space	# of classrooms # of students # of research \$
□Enhance/preserve/improve environmental or fish and		

wildlife quality		
□Protect the general public from harm (environmental,		
criminal, etc.)		
□Improve transportation conditions		
☑Increase or improve economic activity	cluster development	# of businesses, # of jobs increase, in tax revenue
□Increase tourism		
☑Create specific immediate job opportunities	increase in infrastructure	# of jobs
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□Other (Please describe):		
Provide the total cost of the project for FY 2017-18 from all s	sources of funding (Enter ?0? if amou	nt is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of
		(Automatically Calculates)	funds guaranteed in
			writing?

19.

Amount Requested from the State in this Appropriations Project Request:	5,000,000	100.0%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	5,000,000	100%	

<u>'es</u>
20a. How much state funding would be requested after 2017-18 over the next 5 years?
O<1M
O1-3M
⊙>3-10M
O>10M
20b. How many additional years of state support do you expect to need for this projec
O1 year
©2 years

20. Is this a multi-year project requiring funding from the state for more than one year?

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

Oongoing activity? no total cost

O<1M

O3 years O4 years O>= 5 years

O1-2M

O>2-3M

O>3-10M ⊙>10M