## **Appropriations Project Request - Fiscal Year 2018-19**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Putnam County School District Advanced Manufacturing

2. Date of Submission: <u>11/14/2017</u>

3. House Member Sponsor: **Bobby Payne** 

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, Col. E

- 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:

| FY:                   | Input Prior Year Appropriation for this project for FY 2017-18  (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.) |                                     |  | Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.) |                                 |  |
|-----------------------|---|-------------------------------------|--|--|---------------------------------|--|
| Column:               | Α   | В                                   | С  | D  | E                               | F  |
| Funds<br>Description: | Prior Year<br>Recurring<br>Funds  | Prior Year<br>Nonrecurring<br>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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.) |
| Input<br>Amounts:     |   |                                     |  |  | 500,000                         | 500,000  |

- 5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Education
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted?  $\underline{\text{No}}$
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Payback of Funds

| 6. Requester:  a. Name: Rick Surrency  b. Organization: Putnam County School District  c. Email: rsurrency@my.putnamschools.org  d. Phone #: (386)329-0653  |
|---|
| <ul> <li>7. Contact for questions about specific technical or financial details about the project:         <ul> <li>a. Name: Renee Hough</li> <li>b. Organization: Putnam County School District</li> <li>c. Email: rhough@my.putnamschools.org</li> <li>d. Phone #: (386)329-0536</li> </ul> </li> </ul>       |
| <ul> <li>8. Is there a registered lobbyist working to secure funding for this project?</li> <li>a. Name: <u>David Browning</u></li> <li>b. Firm: <u>Southern Strategy Group, Inc.</u></li> <li>c. Email: <u>browning@sostrategy.com</u></li> <li>d. Phone #: (850)222-0821</li> </ul>                           |
| <ul> <li>9. Organization or Name of entity receiving funds:</li> <li>a. Name: <u>Putnam County School District</u></li> <li>b. County (County where funds are to be expended): <u>Putnam</u></li> <li>c. Service Area (Counties being served by the service(s) provided with funding): <u>Putnam</u></li> </ul> |
| <ul> <li>10. What type of organization is the entity that will receive the funds? (Select one)</li> <li>O For Profit</li> <li>O Non Profit 501(c) (3)</li> <li>O Non Profit 501(c) (4)</li> <li>O Local Government</li> <li>O University or College</li> <li>O Other (Please describe) Education</li> </ul>     |

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

To enhance and expand the advanced manufacturing program in order for students to have the skills necessary to obtain a job in manufacturing fields as offered by local industry.

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

| Spending Category                                       | Description  | Nonrecurring (Should equal 4d, Col. E) 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             | the funds requested would be used to purchase the equipment and supplies necessary to teach the curriculum frameworks of the advanced manufacturing program. | 250,000  |
| □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   | The funds requested would be used to plan and renovate an existing classroom and shop area of a high school to accommodate the required                      | 250,000  |

|       | equipment for the advanced manufacturing program. |         |
|-------|---|---------|
| TOTAL |   | 500,000 |

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

**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.)

•State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

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:

The following have met with District officials and support our request: Superindent's advisory councils, Putnam County Chamber Economic Development Committee, Advanced Manufacturing Taskforce and local businesses.

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No
- 17. Will the requested funds be used directly for services to citizens?

<u>Yes</u>

- 17a. What are the activities and services that will be provided to meet the purpose of the funds? Students and adults will learn skills necessary to obtain jobs within the local manufacturing industry.
- 17b. Describe the direct services to be provided to the citizens by the funding requested.

Job training skills to meet the needs of local industry

Benefit or Outcome

| 17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups."). |
|--|
| 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  |
| ☐General (The majority of the funds will benefit no specific group)  |
| □Other (Please describe)   |
| 17d. How many in the target population are expected to be served?  |
| O< 25  |
| O25-50   |
| ⊙51-100  |
| O101-200   |
| O201-400   |
| O401-800   |
| O>800  |
|  |
| 18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)               |

|   | or outcome   | of benefit   |
|---|--|--|
| □Improve physical health  |  |  |
| □Improve mental health  |  |  |
| □Enrich cultural experience   |  |  |
| □Improve agricultural production/promotion/education                  |  |  |
| ☑Improve quality of education   | Students and program graduates become successful citizens. | At least 100% of students participating in the program receive industry certification. |
| □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                                | Students and/or adults will possess employable skills      | program completers will be gainfully employed  |
| □Increase tourism   |  |  |
| □Create specific immediate job opportunities                          |  |  |
| □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):       |  |

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

| Type of Funding   | Amount  | Percent of Total | Are the other sources of funds guaranteed in writing? |
|---|---------|------------------|---|
| Amount Requested from the State in this Appropriations     Project Request: | 500,000 | 62.5%            | N/A   |
| 2. Federal:   | 0       | 0.0%             | No  |
| State: (Excluding the requested Total Amount in #4d, Column F)              | 0       | 0.0%             | No  |
| 4. Local:   | 300,000 | 37.5%            | No  |
| 5. Other:   | 0       | 0.0%             | No  |
| TOTAL   | 800,000 | 100%             |   |

20. Is this a multi-year project requiring funding from the state for more than one year? No