Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Nassau County Historic Courthouse Repairs

2. Date of Submission: <u>02/07/2017</u>3. House Member Sponsor: <u>Cord Byrd</u>

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes

 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? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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		
Column:	A	result in the base recurring amount being converted to Nonrecurring .) B C D F F			mount being converted to Nonrecurring .)	
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:		300,000	300,000		500,000	500,000

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

6. Requester: a. Name: Robert Foster b. Organization: Nassau County Courthouse c. Email: none on file d. Phone #: (904)548-5600
7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester): a. Name: Robert Foster b. Organization: Nassau County Courthouse c. Email: none on file d. Phone #: (904)548-5600
 8. If there is a registered lobbyist, fill out the lobbyist information below. a. Name: None b. Firm: None c. Email: d. Phone #:
 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact): a. Name: Nassau County Courthouse b. County (County where funds are to be expended): Nassau c. Service Area (Counties being served by the service(s) provided with funding): Nassau
 10. What type of organization is the entity that will receive the funds? (Select one) ○ For Profit ○ Non Profit 501(c) (3) ○ Non Profit 501(c) (4) ④ Local Government ○ University or College ○ Other (Please describe)

11. \	What is the specific purpose or goal that will be achieved by the fu	nds being requested?	
	Repairs to damages at historic courthouse		
12.	Provide specific details on how funds will be spent. (Select al	l that apply)	
	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	Repair cost	500,000

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)

500,000

OFor Profit

TOTAL

ONon Profit 501(c) (3)

ONon Profit 501(c) (4) OLocal Government (e.g., police, fire or local government I OState agency owned facility (For example: college or univetc.) OOther (Please describe)		s, roads in the state transportation system,	
14. Is the project request an information technology project? No			
15. Is there any documented show of support for the requested organizational backing, or other expressions of support? No	project in the community including publi	c hearings, letters of support, major	
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>No</u>			
18. What benefits or outcomes will be realized by the expenditu	re of funds requested? (Select all that an	nlies)	
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			
□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		
□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): Repairs to Historic Courthouse	Fix leaks to old courthouse	fix to damages sustained

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

riovide the total cost of the project for 11 2017-18 from all sources of funding (Litter 10: If allfount is zero).				
Type of Funding	Amount	Percent of Total	Are the other sources of	
		(Automatically Calculates)	funds guaranteed in writing?	
Amount Requested from the State in this Appropriations Project Request:	500,000	100.0%	N/A	
2. Federal:	0	0.0%	No	

3. 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	500,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$