Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: North Florida Community College Manufacturing Center

2. Date of Submission: 02/01/2017

3. House Member Sponsor: Halsey Beshears

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	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:					10,325,660	10,325,660

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: <u>John Grosskopf</u> b. Organization: <u>North Florida Community College</u> c. Email: <u>grosskopfj@nfcc.edu</u> d. Phone #: <u>(850)973-1601</u>
7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester): a. Name: Andrew Barnes b. Organization: North Florida Community College c. Email: barnesa@nfcc.edu d. Phone #: (850)973-1604
8. If there is a registered lobbyist, fill out the lobbyist information below. a. Name: Missy Timmins b. Firm: Timmins Consulting c. Email: missy@timminsconsulting.com d. Phone #: (850)668-8000
9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact): a. Name: North Florida Community College b. County (County where funds are to be expended): Madison c. Service Area (Counties being served by the service(s) provided with funding): Hamilton, Jefferson, Lafayette, Madison, Suwannee, Taylor
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?

NFCC needs to expand manufacturing training initially started under a federal TAAACT grant that was awarded in 2013. The request includes a remodel and addition to our current Career and Technical Center to accommodate the large machinery and equipment used for training purposes.

12. Provide specific details on how funds will be spent. (Select all 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	Renovation/remodel and add 12,000 s.f. addition to the existing Career Technical Building #13. this is needed to house and expansion of manufacturing programs	10,325,660
TOTAL		10,325,660

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) ⑤ For 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 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: Advanced Manufacturing Advisory Council has continuously expressed a need in the 6 county area that skilled workers are needed in the area. Letter of support from area manufacturers.
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: Maunfacturing study by Florida Makes is available and has recommendations of what is needed to support and enhance manufacturing efforts in the region.
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

	☑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)		
	17b. How many in the target population are expected to be	served?	
	O< 25		
	O25-50		
	O51-100		
	O101-200		
	⊙ 201-400		
	O401-800		
	O>800		
12	What benefits or outcomes will be realized by the expenditure	re of funds requested? (Select all that an	nlies)
10.	Benefit or Outcome	Provide a specific measure of the benefit	Describe the method for measuring level
		or outcome	of benefit
	□Improve physical health		
	□Improve mental health		
	□Enrich cultural experience		

□Improve agricultural production/promotion/education

☑Jobless persons

☑Improve quality of education	Continuing to expand educational	Job placement and entry average
	programs that lead to high wage jobs	wages
□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	Creation of additional jobs by	DEO data and local economic
	providing trained workers to	development councils to measure
	employers in the area as well as recruiting employers to the six county	changes in job openings in the area.
	area.	
□Increase tourism		
□Create specific immediate job opportunities		
☑Enhance specific individual?s economic self sufficiency	Graduates placed in high wage jobs	Graduate and employer surveys as
	upon completion	well as DEO/Workforce data.
□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):		
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19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations Project Request:	10,325,660	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	10,325,660	100%	

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