

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: College of Central Florida Health Science Technology Education Center

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Charlie Stone

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:	A	B	C	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:					2,500,000	2,500,000

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: James Henningsen
- b. Organization: College of Central Florida
- c. Email: henningj@cf.edu
- d. Phone #: (352)873-5835

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: James Henningsen
- b. Organization: College of Central Florida
- c. Email: henningj@cf.edu
- d. Phone #: (352)873-5835

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

- a. Name: Dean Cannon
- b. Firm: GrayRobinson
- c. Email: joseph.salzverg@gray-robinson.com
- d. Phone #: (850)577-9090

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: College of Central Florida
- b. County (County where funds are to be expended): Marion
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Levy, Marion

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)
- ☐ Local Government
- ☒ University or College
- ☐ Other (Please describe)

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

The appropriation will fund construction of a new facility to house the College of Central Florida's health sciences programs, including Nursing, EMS, EMT, Paramedic, Dental Assisting, Physical Therapist Assistant, Radiography, and Surgical Technology. These are high paying associate degree programs that arm students with skills necessary to address critical needs of employers and citizens throughout the College's district.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Architectural design, engineering, site testing, and initial construction of a 72,327 square-foot health science technology building to house classrooms and laboratories for health science programs including	2,500,000

	Nursing, EMT, EMS, Paramedic, Surgical Technology, Radiography, and other high-demand associate degrees.	
TOTAL		2,500,000

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)

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local 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.)
- ☐ Other (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 Marion County Commission included this project on its short list of legislative priorities this session. In addition, letters of support or major backing have been provided by each local hospital and system (Munroe Regional Medical Center/CHS, Ocala Regional Medical Center and West Marion Hospital/HCA), the Marion County Hospital District Board of Trustees, and the City of Ocala.

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:

The 2015-2016 Regional Demand Occupations List for Region 10 (Marion, Citrus and Levy Counties) published by the Florida Department of Economic Opportunity, Bureau of Labor Statistics, indicates that >85% of the workforce gap falls within health sciences and targets the following occupations: cardiovascular tech, dental assistants, radiologic techs, registered nurses, respiratory therapists, and surgical techs.

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)

17b. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☐ 51-100
- ☐ 101-200
- ☐ 201-400
- ☐ 401-800
- ☒ >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
<input checked="" type="checkbox"/> Improve physical health	Decrease nursing shortages in local hospitals, which lead to lengthy wait times in Emergency Departments and negative health outcomes.	Workforce Gap Analyses and DEO workforce demand studies.
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increased student capacity, competency, retention and graduation rates in health science programs	Increase in retention, completion and number of graduates from health science programs.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Job placement for graduates in high skill, high wage health science professions.	Job placement and wage data will continue to be monitored and reported.
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		

<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Critical Nursing Shortages	Critical nursing shortages present an imminent threat to local hospitals and medical providers and the citizens who receive medical care in Marion, Citrus, and Levy Counties. In addition to meeting workforce demand, this appropriation will create a home for students who are dedicated to receiving an education, at a very low cost, that will empower them to earn a competitive wage while caring for the citizens of our community. It is a worthy value proposition for the legislature's consideration.	Critical nursing shortages present an imminent threat to local hospitals and medical providers and the citizens who receive medical care in Marion, Citrus, and Levy Counties. In addition to meeting workforce demand, this appropriation will create a home for students who are dedicated to receiving an education, at a very low cost, that will empower them to earn a competitive wage while caring for the citizens of our community. It is a worthy value proposition for the legislature's consideration.

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?
1. Amount Requested from the State in this Appropriations	2,500,000	100.0%	N/A

Project Request:			
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	2,500,000	100%	

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

Yes

20a. How much state funding would be requested after 2017-18 over the next 5 years?

- ☐ <1M
- ☐ 1-3M
- ☐ >3-10M
- ☒ >10M

20b. How many additional years of state support do you expect to need for this project?

- ☐ 1 year
- ☒ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ >= 5 years

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?.

- ☐ Ongoing activity ? no total cost
- ☐ <1M
- ☐ 1-2M
- ☐ >2-3M
- ☐ >3-10M

⊙>10M