Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>University of North Florida - Targeted High-Tech Infrastructure</u>

2. Date of Submission: <u>02/01/2017</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? 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:	(If app	for FY 2016 for FY 2016 propriated in 201 priated amount, e	Nonrecurring fun	additional RECU ding requested	o New Funds Request for FY 2017-18 RRING funds are prohibited. Any additional to supplement recurring funds in the base will mount 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:					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? 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. Department of Education

- 6. Requester:
 - a. Name: John Delaney
 - b. Organization: University of North Florida
 - c. Email: jdelaney@unf.edu d. Phone #: (904)620-2500
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Mark Tumeo
 - b. Organization: University of North Florida
 - c. Email: <u>m.tumeo@unf.edu</u> d. Phone #: (904)620-1350
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Jane Owen
 - b. Firm: University of North Florida
 - c. Email: jowen@unf.edu d. Phone #: (904)699-9750
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: University of North Florida
 - b. County (County where funds are to be expended): Duval
 - 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

⊙ ι	Jniversity	or Col	lege
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O Other (Please describe)

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

This project enhances UNF's ability to train the modern industrial workforce. The funding will be used to construct a facility annex and purchase equipment needed to support training, research, development and production for such high tech industries as computing, biomedical, energy storage, aerospace, transportation, chemical and oil and gas.

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	Purchase Equipment	3,000,000
□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	construct an innovation annex to the College of Computing, Engineering and Construction.	2,000,000

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 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: Letters of support and major organizational backing inc Manufacturers Assoc, GE Oil & Gas, Medtronie, Mercede		ambers, Salt Battery, First Coast		
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: Innovate Northeast Florida Target Sub-Cluster Definition Consulting	n Report, and Education Infrastructure A	ssesment (March 2012) Avalanch		
17. Will the requested funds be used directly for services to citize Yes	ens?			
17a. Describe the target population to be served. Select all ☐ Elderly persons	that apply to the target population:			
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	□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): University Faculty, Regional Busin	ness and Industries	
	17b. How many in the target population are expected to be s	served?	
	O< 25		
	O25-50		
	O51-100		
	O101-200		
	O201-400		
	O401-800		
	© >800		
18.	What benefits or outcomes will be realized by the expenditur	· · · · · · · · · · · · · · · · · · ·	• •
	Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
		or outcome	of benefit
	□Improve physical health		
	│ □Improve mental health		

□Persons with poor mental health

□Enrich cultural experience		
□Improve agricultural production/promotion/education		
☑Improve quality of education	Providing high quality, high tech education and training	Increased jobs after graduation, Increased internship opportunity for students, Increased degree production in STEM
□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	Attract new and promote expansion of existing businesses and industries	Increased number of corporate university partnerships.
□Increase tourism		
☑Create specific immediate job opportunities	Promote expansion of targeted industries in Northeast Florida. Expand presence of research faculty and others in targeted sector.	Increased grant rewards.
☑Enhance specific individual?s economic self sufficiency	Increased jobs, at higher salaries	Higher average salaries for graduates following graduation
□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 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:	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%	

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