## **Appropriations Project Request - Fiscal Year 2017-18**

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Pasco-Hernando State College Remodel of West Campus Buildings A through E with Addition and Chiller Plant Expansion

2. Date of Submission: 01/31/2017

3. House Member Sponsor: Amber Mariano

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 |                  |                   | Develop New Funds Request   |                  |  |  |
|--------------|---|------------------|-------------------|---|------------------|--|--|
|              |   | for FY 2016-     | -17               | for FY 2017-18  |                  |  |  |
|              | (If app   | ropriated in 201 | 6-17 enter the    | (Requests for additional RECURRING funds are prohibited. Any additional |                  |  |  |
|              | approp  | riated amount, e | even if vetoed.)  | Nonrecurring fun  | ding requested   | to supplement recurring funds in the base will     |  |
|              |   |                  |                   | result in the l   | base recurring a | mount being converted to Nonrecurring .)           |  |
| Column:      | Α   | В                | С                 | D   | E                | F  |  |
| Funds        | Prior Year                                      |                  | Total Funds       | Recurring Base  | Additional       | TOTAL Nonrecurring Request                         |  |
| Description: | Recurring                                       | Prior Year       | Appropriated      | Budget  | Nonrecurring     | (Will equal the amount from the Recurring base in  |  |
|              | Funds   | Nonrecurring     |                   | (Will equal non-  | Request          | Column D to be CONVERTED to Nonrecurring plus      |  |
|              |   | Funds            | (Recurring plus   | vetoed amounts  |                  | the Additional Nonrecurring Request in Column E.   |  |
|              |   |                  | Nonrecurring:     | provided in Column  |                  | These funds will be appropriated non-recurring if  |  |
|              |   |                  | column A + column | A)  |                  | funded in the House Budget or the Final Conference |  |
|              |   |                  | B)                |   |                  | Report on the budget.)                             |  |
| Input        |   |                  |                   |   | 2,551,797        | 2,551,797  |  |
| Amounts:     |   |                  |                   |   |                  |  |  |

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: Stephen Schroeder
  - b. Organization: Pasco-Hernando State College
  - c. Email: <u>schroes@phsc.edu</u> d. Phone #: (727)207-0313
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
  - a. Name: Stephen Schroeder
  - b. Organization: Pasco-Hernando State College
  - c. Email: <u>schroes@phsc.edu</u> d. Phone #: (727)207-0313
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: Stephen Schroeder
  - b. Firm: Pasco-Hernando State College
  - c. Email: <u>schroes@phsc.edu</u> d. Phone #: (727)207-0313
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
  - a. Name: District Board of Trustees of Pasco-Hernando State College
  - b. County (County where funds are to be expended): Pasco
  - c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Pasco
- 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

| <ul><li>University</li></ul> | or Colle | ge |
|------------------------------|----------|----|
|------------------------------|----------|----|

| O Other | (Please | describe |
|---------|---------|----------|
|---------|---------|----------|

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

To enhance and expand student services support spaces to meet increasing demands. These services include admissions and records, student development and veterans services, career testing and placement, disability services, academic advising, financial aid and student activities. Project will include remodeling of 8 computer labs to increase student access to digital resources and a new facility for district operations.

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

| Spending Category                                       | Description                           | Nonrecurring<br>(Should equal 4d, Col. F)<br>Enter ?0? if request is zero for the<br>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   | Funds will be used to begin planning. | 2,551,797   |
| TOTAL   |                                       | 2,551,797   |

|      | 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. ed 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.) |
|------|---|
| et   |   |
| 14.  | Is the project request an information technology project?  No   |
| orga | Is there any documented show of support for the requested project in the community including public hearings, letters of support, major anizational backing, or other expressions of support?  No   |
|      | Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No   |
|      | 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? |
| O< 25   |
| O25-50  |
| O51-100   |
| O101-200  |
| O201-400  |
| O401-800  |
| ⊙>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  |
|--|--|---|
| □Improve physical health                             |  |   |
| □Improve mental health                               |  |   |
| □Enrich cultural experience                          |  |   |
| □Improve agricultural production/promotion/education |  |   |
| ☑Improve quality of education                        | Students will have greater access to support services including increased access to digital resources, increased access to academic and financial aid advising. Veterans will experience increased support services. | Increased retention and success rates for students. |

| □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 will receive increased career testing and placement services leading to higher pre and post graduation employment of students. | Increased placement rates for students and graduates. |
| □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 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: | 2,551,797 | 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   | 2,551,797 | 100%  |   |

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

| 20a. | How much | state fu | nding wo | ould be | requested | after | 2017-18 | over the | next 5 | years? |
|------|----------|----------|----------|---------|-----------|-------|---------|----------|--------|--------|
|------|----------|----------|----------|---------|-----------|-------|---------|----------|--------|--------|

O<1M

O1-3M

O>3-10M

⊙>10M

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

O1 year

O2 years

O3 years

⊙4 years

O>= 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?.

Oongoing activity? no total cost

O<1M

O1-2M

O>2-3M

O>3-10M

⊙>10M