Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Augustine Florida School for the Deaf and Blind -Public Education Capital Outlay - Gregg Hall

2. Date of Submission: <u>02/07/2017</u>

3. House Member Sponsor: Cyndi Stevenson

Members Copied: Joseph Abruzzo

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:	Α	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:					5,454,359	5,454,359

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>Jeanne Prickett</u> b. Organization: <u>Florida School for the Deaf and Blind</u> c. Email: <u>prickettj@fsdb.k12.fl.us</u> d. Phone #: (904)827-2210
7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester): a. Name: <u>Julia Mintzer</u> b. Organization: <u>Florida School for the Deaf and Blind</u> c. Email: <u>mintzerj@fsdb.k12.fl.us</u> d. Phone #: (904)827-2301
 8. If there is a registered lobbyist, fill out the lobbyist information below. a. Name: Patsy Eccles b. Firm: Florida School for the Deaf and Blind c. Email: ecclesp@ironbridge.net d. Phone #: (850)320-1413
 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact): a. Name: Florida School for the Deaf and Blind b. County (County where funds are to be expended): Saint Johns 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) ○ For Profit ○ Non Profit 501(c) (3) ○ Non Profit 501(c) (4) ○ Local Government ○ University or College ○ Other (Please describe) State Agency-FSDB

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

Gregg Hall, the current dormitory, was designed in 1975 and has inadequate toilet/shower group facilities along with numerous life safety and ADA issues. Renovation is determined to not be practical nor cost effective. The proposal is to raze the existing facility and replace with an individual pod design with more appropriate living arrangements. The current building houses 36 students while the proposed new building will accommodate 48 students.

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	Gregg Hall Dormitory - Funding is for design, demolition, and new construction.	5,454,359
TOTAL		5,454,359

Fix	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.) 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
	Is there any documented show of support for the requested project in the community including public hearings, letters of support, major canizational backing, or other expressions of support? Yes
	15a. Please Describe: The Board of Trustees for the Florida School for the Deaf and Blind
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: Gregg Hall Feasibility Study by Rodriguez Architecture, L.L.C.
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? O< 25 ②25-50 O51-100 O101-200 O201-400 O401-800 O>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	Increased student achievement through access to education at FSDB	Student Achievement data Individual

	using the Boarding Program, Increased Independent Living skills	Residential Plan Data
□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	Interior management of sanitary lines which have partially collapsed, replacement will eliminate sewage back-ups into bathroom showers and drains	Reduced service calls, no drain back ups into student showers and toilets
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
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□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:	5,454,359	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	5,454,359	100%	

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