

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Polytechnic University - Advanced Mobility Institute

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Colleen Burton

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, Col. E

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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
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 plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
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 2018-19? 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? Department of Education

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

1. Cancellation of contract 2. Withholding of further payments until remedies are in place.

6. Requester:

- a. Name: Randy K. Avent
- b. Organization: Florida Polytechnic University
- c. Email: ravent@floridapoly.edu
- d. Phone #: (863)874-8614

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Kathy Mizereck
- b. Organization: Florida Polytechnic Univeristy
- c. Email: kmizereck@floridapoly.edu
- d. Phone #: (850)509-2726

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: David Shepp
- b. Firm: Southern Strategy Group
- c. Email: shepp@sostrategy.com
- d. Phone #: (813)563-4100

9. Organization or Name of entity receiving funds:

- a. Name: Florida Polytechnic University
- b. County (County where funds are to be expended): Polk
- 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)

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

Create a center for certification and testing of autonomous vehicle designs and prototypes.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Provide leadership, accountability, fiscal and staff management, engagement with partners	300,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Planning expertise and administrative support functions	200,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Computer equipment, furniture, office space rental, high speed internet service, office supplies administrative software licensing and purchase, etc	200,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Consultants to prepare a business case study to help identify markets, attract potential vendors and identify our differentiating factors for the facility.	100,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Florida Polytechnic personnel to begin building the simulation and emulation capabilities that will underlie the technical testing program.	1,000,000

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Computer equipment, furniture, office space rental, travel for conferences and on site visits of other test facilities.	700,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	With a differentiated business case, consultants will begin final design of the SunTrax testing infrastructure for agriculture, planned communities, public transportation and maritime applications.	2,500,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		5,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

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 Winter Haven Chamber of Commerce voted to support the university's budget requests. The Lakeland Chamber of Commerce and the Central Florida Development Council will consider support for the university's budget requests at a future date. Florida Poly has worked closely with the Florida Turnpike Enterprise to build support for SunTrax and for our role as scientific and technical partner. This includes an executive summit for industry leaders, public hearings and a groundbreaking ceremony.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

No

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Fewer vehicle accidents on Florida roads	Annual number of vehicle accidents on Florida roads
<input checked="" type="checkbox"/> Improve transportation conditions	Increase capacity of certain Florida roads to carry vehicle traffic.	Number of Vehicles traveling on Florida Roads annually
<input checked="" type="checkbox"/> Increase or improve economic activity	More jobs related to the autonomous vehicle industry	Number of jobs created annually related to the autonomous vehicle industry
<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 type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	5,000,000	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	5,000,000	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 2018-19 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
- ☐ 1-3M
- ☐ >3-10M
- ☒ >10M