# **Appropriations Project Request - Fiscal Year 2018-19**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Eastern Florida State College - Center for Innovative Technology

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Rene Plasencia

Members Copied:

#### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes

  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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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:	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 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:		2,000,000	2,000,000		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.

Eastern Florida State College is a political subdivision of the State of Florida and is managed and operated by a President which is appointed by a Board College Trustees who are empowered to act by the Governor of the State of Florida.

### 6. Requester:

a. Name: Dr James Richey

b. Organization: Eastern Florida State College

c. Email: richeyj@easternflorida.edu

d. Phone #: (321)433-7000

- 7. Contact for questions about specific technical or financial details about the project:
  - a. Name: Jack Parker
  - b. Organization: Eastern Florida State College
  - c. Email: parkerj@easternflorida.edu
  - d. Phone #: (321)433-7090
- 8. Is there a registered lobbyist working to secure funding for this project?
  - a. Name: <u>Chris Hansen</u>b. Firm: <u>Ballard partners</u>
  - c. Email: chansen@ballardfl.com
  - d. Phone #: (321)251-2672
- 9. Organization or Name of entity receiving funds:
  - a. Name: Eastern Florida State College
  - b. County (County where funds are to be expended): Brevard
  - c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Indian River, Orange, Osceola, Seminole, Volusia
- 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
  - University or College

O Other	(Please	describe
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### 11. What is the specific purpose or goal that will be achieved by the funds being requested?

To create an educational facility dedicated to meeting the present and future needs and demands of high tech corporations and businesses for the technologically competent workforce they need to grow and compete. While many companies can recruit top level engineers from Florida's Universities, many companies are finding it difficult to hire the required number of technical support positions needed to support their engineering staff, positions which must be educated and recruited locally.

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:		
□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	Architecture, engineering, and phase 1 of construction of building	5,000,000
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)

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.)

• State 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:

The CITE project has been designed after discussion with technical industry leaders to meet the specific needs of their corporations and businesses on Florida's Space Coast. Project leaders are accumulating various letters of support which will be available upon request.

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:

College staff has conducted the necessary analysis to ensure the project is necessary and appropriate to assist Florida's growing technological, space and aviation companies on Florida's Space Coast.

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

<u>Yes</u>

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Although companies cna recruit top level engineers from Florida's Universities, many find it very challenging to recruit an adequate number of qualitifed support and technical staff to ensure business success. For top tier companies to be attracted to relocating or

remaining in Florida, all workforce needs must be addressed. For every engineer corporations are able to recruit, critical technical support staff positions are also needed to suppor the incoming engineers and expanding workforce.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Provide essential education and training for the high tech companies on Florida's Space Coast, maintain and attract high tech industries in various space related, aviation, and technical industry, create immediate job opportunites for Florida's citizens.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").
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
☐General (The majority of the funds will benefit no specific group)
☑Other (Please describe): Returning Military Veterans
17d. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
O101-200
<b>⊙</b> 201-400

# 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
□Improve physical health		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
☑Improve quality of education	Focused Technical Education and Training to meet the needs of high tech companies of Florida's Space Coast	Number of EFSC Graduates employed
□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	Maintain/Attract High Tech Industry in/to Florida's Space Coast.	Number/Growth of Businesses and employment opportunities.
☑Increase tourism	Increased Space Launches through additional support personal allowing for expanding business opportunities in the space related career fields.	Number of Space Launches
☑Create specific immediate job opportunities	Increased Job Opportunities in moderate to high paid technical	Number of EFSC graduates employed

	support positions	
☑Enhance specific individual?s economic self sufficiency	Higher Wage Operations	Average CITE Graduate Wages as compared to average wage on Florida's Space Coast
□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): Improve the Numbers of Technology proficient Human Resources to meet growing needs on the space coas	Increased numbers of individuals with technical skills needed to be employable in the High Tech career fields on Florida's Space Coast.	Number of graduating students with specific skill set as needed by High Tech Companies.

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?
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,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	5,000,000	100%	

	TOTAL	5,000,000	100%	
20.	Is this a multi-year project requiring funding from the state for Yes	or more than one year?		
	20a. How much state funding would be requested after 2018 O<1M O1-3M ⊙>3-10M O>10M	-19 over the next 5 years?		
	20b. How many additional years of state support do you experience  ⊙1 year  O2 years  O3 years  O4 years  O>= 5 years	ect to need for this project?	?	
	20c. What is the total project cost for all years including all fedescribes the total project cost. If funds requested are for congoing activity? no total cost O<1M O1-3M			

O>3-10M ⊙>10M