



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3249

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

College-wide safety and security improvements using reversions/reappropriations from previously funded projects. Funds are from the unexpended balance of funds appropriated in Specific Appropriation 23 of Chapter 2020-111, Laws of Florida, for Seminole State College of Florida – S/LM Building G (701) Roof Replacement & Envelope Renovation for \$1,284,470 and from the unexpended prorated balance of funds appropriated in Specific Appropriation Section 152 of Chapter 2021-36, Laws of Florida, for Seminole State College of Florida – S/LM Building S Science Labs (202) Roof Replacement & Envelope Renovation for \$459,622; the lesser of the unexpended balance or \$90,757 and the the lesser of the unexpended prorated balance or \$83,925 respectively shall revert immediately and be re-appropriated to Seminole State College of Florida for Upgrades to Campus Safety and Security Systems. (Survey 05/16/2016; Recommendations SR.01; 1.013; 3.007; 5.005; and 6.005.). Back of the bill language.

5. **State Agency to receive requested funds**
- State Agency contacted?** No Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 0 |
| Fixed Capital Outlay | 174,682 |
| Total State Funds Requested | 174,682 |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 174,682 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2023-2024 | 174,682 | 100% |

8. **Has this project previously received state funding?** No Yes

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

9. **Is future funding likely to be requested?** No Yes
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

The College has received COVID-19 relief \$, but not for this purpose. The money was for student financial aid, tuition refunds/waivers, tech and software \$ and replacement of lost bookstore revenues. Some was used for emergency facility air quality repairs.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning Design Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|--|---|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | 0 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Upgrades to Campus Safety and Security Systems as recommended in the College's Educational Plant Survey (Survey 05/16/2016; Recommendations SR.01; 1.013; 3.007; 5.005; and 6.005.) | 174,682 |
| Total State Funds Requested (must equal total from question #6) | | 174,682 |

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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Upgrades to Campus Safety and Security Systems as recommended in the College's Educational Plant Survey (Survey 05/16/2016; Recommendations SR.01; 1.013; 3.007; 5.005; and 6.005.)

b. What activities and services will be provided to meet the intended purpose of these funds?

Enhance the safety and security of the employees, students, and visitors to the college as well as protecting the physical assets and infrastructure of the college.

c. What direct services will be provided to citizens by the appropriation project?

Enhance the safety and security of the employees, students, and visitors to the college as well as protecting the physical assets and infrastructure of the college.

d. Who is the target population served by this project? How many individuals are expected to be served?

Students, employees and community. Current unduplicated student headcount is ~25,000.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Enhance the safety and security of the employees, students, and visitors to the college as well as protecting the physical assets and infrastructure of the college.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

No additional performance penalties beyond those used in a construction manager at-risk approach.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number