



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Daytona State College - Optician Technology Program Equipment

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 11/30/2017

4. **Project/Program Description:**

Optician Technology Program

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Education

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|---|---------------------------------------|
| 350,000                         |   | 350,000                               |

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

| Type   | Amount | Percent |
|--|--------|---------|
| Federal                                      | 0      | 0.0%    |
| State (excluding the amount of this request) | 0      | 0.0%    |
| Local  | 0      | 0.0%    |
| Other  | 0      | 0.0%    |
| TOTAL  | 0      | 0.0 %   |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 350,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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|                           |   |  |   |
|---------------------------|---|--|---|
| <b>FY:</b>                | <b>Input Prior FY Appropriation for this project<br/>for FY 2017-18</b><br>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) |  |   |
| <b>Column:</b>            | <b>A</b>  | <b>B</b>                                   | <b>C</b>  |
| <b>Funds Description:</b> | <b>Prior Year<br/>Recurring Funds *</b>   | <b>Prior Year<br/>Nonrecurring Funds *</b> | <b>Total Funds Appropriated<br/>(Column A + Column B)</b> |
| <b>Input Amounts:</b>     |   |  |   |

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

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

A two year, 72 credit hour associates degree program will be offered, preparing students for employment as dispensing opticians. The content includes lens surfacing, finishing and mounting; dispensing of completed prescriptions; fitting contact lenses; frame repair; business management techniques and human relations. A needs assessment community survey was conducted in May 2016 among optician offices in Volusia County. Of 24 offices that responded to the survey, over 90% indicated a need for the program and over 70% indicated difficulty in finding qualified dispensing opticians in our area. the Florida Department of Economic Opportunity reports that dispensing optician job growth will be over 17% in the next five years with an average hourly wage of \$19/hr.

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

Instruction in a 72-hour associates degree program in Optician Technology.

**c. How will the funds be expended?**

| Spending Category  | Description | Amount |
|--|-------------|--------|
| Administrative Costs   |             |        |
| <input type="checkbox"/> Executive Director/Project Head Salary and Benefits |             |        |
| <input type="checkbox"/> Other Salary and Benefits                           |             |        |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other             |             |        |
| <input type="checkbox"/> Consultants/Contracted Services/Study               |             |        |



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|   |  |         |
|---|--|---------|
| Operational Costs   |  |         |
| <input type="checkbox"/> Salary and Benefits                                |  |         |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Laboratory equipment for teaching optician technology, and minor modifications to classroom to accommodate equipment | 350,000 |
| <input type="checkbox"/> Consultants/Contracted Services/Study              |  |         |
| Fixed Capital Construction/Major Renovation                                 |  |         |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering  |  |         |
| TOTAL   |  | 350,000 |

**d. What are the direct services to be provided to citizens by the appropriations project?**

Instruction in Optician Technology

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

Target population is anyone interested in pursuing degree in Optician Technology; program will serve 50 students per year

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

The benefit will be local residents graduating with associates degree in Optician Technology, a program currently not offered in our area but which is the 19th fastest growing occupation in Volusia County. Graduation rates, job placement rates and annual wages are all reported to the state annually and are used in computing performance measures for each Florida State College.

**g. 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 in the contract?**

None.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

**a. Name:** Thomas LoBasso

**b. Organization:** Daytona State College



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- c. **Email:** thomas.lobasso@daytonastate.edu
- d. **Phone Number:** (386)212-4468

### 14. Recipient Contact Information:

- a. **Organization:** Daytona State College
- b. **County:** Volusia
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Thomas LoBasso
- e. **E-mail Address:** thomas.lobasso@daytonastate.edu
- f. **Phone Number:** (386)212-4468

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Jerry McDaniel
- b. **Firm:** Southern Strategy Group
- c. **Email:** mcdaniel@sostrategy.com
- d. **Phone Number:** (850)566-6068