1. **Title of Project:** FKCC/KWCA Building
2. **Senate Sponsor:** Anitere Flores
3. **Date of Submission:** 11/16/2017
4. **Project/Program Description:**
   Florida Keys Community College EOC / High School-Middle School Educational Facility
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:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,000,000</td>
<td>5,000,000</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>1,000,000</td>
<td>16.7%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,000,000</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 6,000,000
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.
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column:</td>
<td>A</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
</tr>
</tbody>
</table>

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?

   Build a new Campus for Key West Collegiate Academy and a Storm Proof EOC for Florida Keys Community College.

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

   Education and Storm Recovery

c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. **What are the direct services to be provided to citizens by the appropriations project?**

   Education of Middle and High School students in a collegiate academy setting, in addition to the services performed by an EOC in a time of crisis.

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

   400 students in Monroe County

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

   As a result of this, test scores will improve, more students will participate in STEM. Additionally, a fully functioning EOC.

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.

   They are the same

13. **Requestor Contact Information:**
   a. **Name:** Jean Mauk
   b. **Organization:** Florida Keys Community College
   c. **Email:** wjean.mauk@fkcc.edu
   d. **Phone Number:** (305)809-3266

14. **Recipient Contact Information:**
   a. **Organization:** Florida Keys Community College
   b. **County:** Monroe
   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: Jean Mauk

e. E-mail Address: wjean.mauk@fkcc.edu

f. Phone Number: (305)809-3266

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

a. Name: John Wayne

b. Firm: Peebles & Smith, Inc

c. Email: john@peebles-smith.com

d. Phone Number: (850)681-7383