1. **Title of Project:** Hurricane Mitigation-Building Generators

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**
   Purchase and install whole building generators and wiring to automatically transfer to backup power in case of power outage.

5. **State Agency Contacted?** Yes
   a. If yes, which state agency? Department of Education
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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>2,100,000</td>
<td>2,100,000</td>
<td>2,100,000</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>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,100,000

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.
### 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?**

Provide the ability to operate during power outages and provide mold prevention to buildings on campus

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

The ability to operate the College after a major storm event.

**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></td>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
</tbody>
</table>
d. **What are the direct services to be provided to citizens by the appropriations project?**

   Provide instructional information to students.

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

   College students, approximately 1200 students.

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

   The ability for the College to continue operations after a major storm event.

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.**

   Florida Keys Community College

13. **Requestor Contact Information:**

   a. **Name:** Jean Mauk  
   b. **Organization:** Florida Keys Community College  
   c. **Email:** Wjean.mauk@fcc.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:** Doug Pryor

<table>
<thead>
<tr>
<th>Fixed Capital Construction/Major Renovation</th>
<th>Whole building generators and wiring for automatic transfers</th>
<th>2,100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Construction/Renovation/Land/Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engineering</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**  
2,100,000
e. E-mail Address: Douglas.pryor@fkcc.edu
f. Phone Number: (305)809-3184

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