



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Hurricane Preparedness-Replace Storm-Damaged Roofs

2. **Senate Sponsor:** David Simmons

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

4. **Project/Program Description:**

Hurricane Preparedness - Replace storm-damaged roofs on (4) campus buildings compromised by hurricanes Matthew and Irma

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
	650,000	650,000

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):** 650,000

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

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

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?

New roofs will protect from future damage, preventing devastating loss of equipment & ensure facilities use & continuity of operations.

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

Licensed Contractors will be hired to replace the roofs.

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		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Roofing Contractors	650,000



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		650,000

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

Safe College Campus buildings and classroom instruction

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

College students and staff (4,000+)

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

Hurricane preparedness. End leaks causing mold & mildew and prevent loss of equipment measured with air-quality testing and College personnel inspections.

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.

Daytona State College - Relationship Self

13. Requestor Contact Information:

- a. **Name:** Thomas LoBasso
- b. **Organization:** Daytona State College
- 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)



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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