



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Hurricane Special Needs Shelter Improvements Florida State University Schools (FSUS)

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

Improvements to harden and remodel the Florida State University Schools (FSUS) Gymnasium and adjoining Cafeteria Building to increase the space and services for special needs hurricane evacuees in the Big Bend region.

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:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	3,000,000	3,000,000

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):** 3,000,000

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.



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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?

To serve hurricane evacuees with special needs such as hospice, medically fragile, nursing home, and individuals with disabilities

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

Improvements to current facility at FSUS including connecting the facility to a generator

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 type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Planning, engineering, and construction	3,000,000
TOTAL		3,000,000

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

Safe shelter for individuals special needs and their pets, food preparation and services for evacuees, staging area for the Red Cross

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

Special needs evacuees - numbers vary with storms.

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

Food and shelter to evacuees of a storm

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?

There will be no contract for services, other than construction. Standard deliverable and performance measures will be built into the construction contract, managed by Florida State University

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.

State-owned facility

13. Requestor Contact Information:

- a. **Name:** Stacy Chambers
- b. **Organization:** Florida State University Schools
- c. **Email:** slchambers@fsu.edu
- d. **Phone Number:** (850)245-3700

14. Recipient Contact Information:

- a. **Organization:** Florida State University Schools
- b. **County:** Leon
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☒ University or College



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☐ Other (Please specify)

d. Contact Name: Stacy Chambers

e. E-mail Address: slchambers@fsu.edu

f. Phone Number: (850)245-3700

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

a. Name: Kathy Mears

b. Firm: Florida State University

c. Email: klmears@fsu.edu

d. Phone Number: (840)251-4466