1. **Title of Project:** University of South Florida Sarasota-Manatee Florida Center for the Partnerships for Arts Integrated Teaching (PAInT)

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**
   
   Implement the goals for the Florida Center for the Partnerships for Arts Integrated Teaching at USF Sarasota-Manatee outlined in Florida Statute 1004.344.

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>350,000</td>
<td></td>
<td>350,000</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):** 350,000

9. **Previous Year Funding Details:**
   
   a. Has funding been provided in a previous state budget for this activity? **Yes**
   
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
   
   c. What is the most recent fiscal year the project was funded? **2017-18**
   
   d. Were the funds provided in the most recent fiscal year subsequently vetoed? **Yes**
   
   e. Complete the following Worksheet.
10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

350,000

11. Program Performance:

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

Implement the goals for the Florida Center for the Partnerships for Arts Integrated Teaching at USF Sarasota-Manatee outlined in Florida Statute 1004.344.

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

The goals for the Florida Center for the Partnerships for Arts Integrated Teaching at USF Sarasota-Manatee are outlined in Florida Statute 1004.344.

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>Executive Director of the Florida Center for the Partnerships for Arts Integrated Teaching.</td>
<td>200,000</td>
</tr>
<tr>
<td>☑Other Salary and Benefits</td>
<td>Administrative Staff for the Center</td>
<td>100,000</td>
</tr>
<tr>
<td>☐Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?

Services outlined in Florida Statute 1004.344

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

Pre-K to Ph.D Teachers and students statewide

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

The goals for the Florida Center for the Partnerships for Arts Integrated Teaching at USF Sarasota-Manatee are outlined in Florida Statute 1004.344.

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? 

State University System Performance Metrics

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.

University of South Florida Sarasota-Manatee

13. Requestor Contact Information:

a. Name: Dr. Terry Osborn
b. Organization: University of South Florida Sarasota-Manatee
c. Email: terrysborn@sar.usf.edu
d. Phone Number: (941)349-4340
14. **Recipient Contact Information:**
   a. **Organization:** University of South Florida Sarasota-Manatee
   b. **County:** Manatee
   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:** Dr. Terry Osborn
   e. **E-mail Address:** terryosborn@sar.usf.edu
   f. **Phone Number:** (941)349-4340

15. **If there is a registered lobbyist, fill out the lobbyist information below.**
   a. **Name:** Casey Welch
   b. **Firm:** University of South Florida Sarasota-Manatee
   c. **Email:** caseywelch@usf.edu
   d. **Phone Number:** (941)932-3327