



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Careers in Technology Building

2. **Senate Sponsor:** Victor Torres

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

4. **Project/Program Description:**

Lake Nona Building II

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 |
|---------------------------------|---|---------------------------------------|
|                                 | 3,500,000                                 | 3,500,000                             |

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%         |
| <b>TOTAL</b>                                 | <b>0</b> | <b>0.0 %</b> |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,500,000

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.

|            |   |
|------------|---|
| <b>FY:</b> | <b>Input Prior FY Appropriation for this project<br/>for FY 2017-18</b> |
|------------|---|



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|                           |  |  |   |
|---------------------------|--|--|---|
|                           | (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) |  |   |
| <b>Column:</b>            | <b>A</b>   | <b>B</b>                               | <b>C</b>  |
| <b>Funds Description:</b> | <b>Prior Year Recurring Funds *</b>  | <b>Prior Year Nonrecurring Funds *</b> | <b>Total Funds Appropriated (Column A + Column B)</b> |
| <b>Input Amounts:</b>     |  |  |   |

**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?**

Since the opening of Lake Nona Campus in 2012 attendance has grown 375%. Class room utilization average more than 100%. Student service areas are inadequate to the growing needs of over 5000 students annually. Constructing a second building at the Lake Nona Campus will support new degree and certificate programs that will meet the demands of the growing workforce in Southeast Orlando.

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

Offer A.S and Certification programs to prepare students for high-skill, high-wage careers that are in high demand and support state STEM initiatives.

**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                                 |             |        |



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|   |  |           |
|---|--|-----------|
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other                      |  |           |
| <input type="checkbox"/> Consultants/Contracted Services/Study                        |  |           |
| Fixed Capital Construction/Major Renovation   |  |           |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | Design and Construct a new 85,000 GSF facility | 3,440,000 |
| TOTAL   |  | 3,440,000 |

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

Provide degree and certificate programs that are in high demand, including possible programs in Medical Laboratory Sciences, Medical Equipment Technology, Nursing, Clinical Laboratory Sciences, Human Performance Coaching and Clean Room Technologies.

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

As a federally designated Hispanic Serving Institution (HSI), the Lake Nona Campus will meet the education and workforce needs of Hispanic students who are underrepresented in the STEM fields. The project is expected to serve 5,000 individuals annually.

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

Will prepare students for high-skill, high-wage careers that are in high demand and support state STEM initiatives. The outcome will be measured by percentage of graduates securing jobs in designated fields and average starting salaries.

**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?**

The current standard penalties for non compliance are adequate

**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.**

The owner of the facility is Valencia College, the entity is Valencia College

**13. Requestor Contact Information:**

- a. **Name:** Jay Galbraith
- b. **Organization:** Valencia College
- c. **Email:** jgalbraith1@valenciacollege.edu
- d. **Phone Number:** (407)361-3524

**14. Recipient Contact Information:**

- a. **Organization:** Valencia College



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**b. County:** Osceola

**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:** Kathleen Plinske

**e. E-mail Address:** kplinske@valenciacollege.edu

**f. Phone Number:** (321)682-4975

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**