1. **Title of Project:** Graduate Assistant Partial Fee Waiver  
2. **Senate Sponsor:** Keith Perry  
3. **Date of Submission:** 12/15/2017  
4. **Project/Program Description:**  
   25% Fee Waiver for graduate assistants for fees identified in ss.1009.24 (7)-(14) and 17  
5. **State Agency Contacted?** Yes  
   a. If yes, which state agency? Board of Governors  
   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>4,000,000</td>
<td>4,000,000</td>
<td>8,000,000</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):** 4,000,000  
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.  

| FY: | Input Prior FY Appropriation for this project for FY 2017-18 |
Local Funding Initiative Request - Fiscal Year 2018-2019

(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)

<table>
<thead>
<tr>
<th>Column:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Is future-year funding likely to be requested?

   Yes

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

      Yes, approximately $4,000,000

11. Program Performance:

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

      Provide support for university graduate teaching assistants and graduate research assistants

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

      University instruction and research support

   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></td>
<td></td>
</tr>
<tr>
<td>☐ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Salary and Benefits</td>
<td>Salary &amp; Benefits</td>
<td>4,000,000</td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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d. What are the direct services to be provided to citizens by the appropriations project?
   
   Continued excellence in graduate assistant recruits

e. Who is the target population served by this project? How many individuals are expected to be served?
   
   Graduate teaching assistants and research assistants with at least a 0.25 FTE appointment

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   
   Increased interest in GAU programs at Florida universities.

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.
   
   None

13. Requestor Contact Information:
   a. Name: Marshall Ogletree
   b. Organization: United Faculty of Florida
   c. Email: Marshall.ogletree@floridaea.org
   d. Phone Number: (850)224-8220

14. Recipient Contact Information:
   a. Organization: Most Universities
   b. County: Statewide
   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:** Marshall Ogletree

e. **E-mail Address:** marshall.ogletree@floridaea.org

f. **Phone Number:** (850)224-8220

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

a. **Name:** None

b. **Firm:** None

c. **Email:**

d. **Phone Number:**