



# The Florida Senate

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

1. **Title of Project:** Hillsborough Community College Allied Health Building

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 01/09/2018

4. **Project/Program Description:**

Completion of the Allied Health Building will address the Tampa Bay region’s need for highly trained healthcare professionals while also maintaining HCC’s competitive position as a provider of first choice for the region’s skilled healthcare workforce.

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
	13,000,000	13,000,000

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):** 13,000,000

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) 2

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? No

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (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>		<b>10,000,000</b>	<b>10,000,000</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?**

The Allied Health Building will address the Tampa Bay region's need for highly trained healthcare professionals while also maintaining HCC's competitive position as a provider of first choice for the region's skilled healthcare workforce.

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

Funds would be used to complete construction of a new Allied Health Building to house primary care and diagnostic allied health programs on HCC's Dale Mabry Campus. The facility would provide space for instruction and hands-on learning using the latest technological advances that are employed in the health sciences fields.

**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	Funds will be used to complete construction of the Allied Health Building	13,000,000
TOTAL		13,000,000

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

Funds would be used to complete construction of a new Allied Health Building to house primary care and diagnostic allied health programs on HCC's Dale Mabry Campus. The facility would provide space for instruction and hands-on learning using the latest technological advances that are employed in the health sciences fields.

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

Jobless persons, economically disadvantaged persons, high school students, university/college students. Greater than 800 people.

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

Benefits and outcomes: Improving quality of education, Increasing and improving economic activity, creating specific immediate job opportunities and enhancing specific individuals economic self sufficiency. Specific measures of benefits and outcomes: Increases in the number of high-wage employment opportunities, improved or increased standard of living for individuals and families. Methodologies for measuring levels of benefits and outcomes: Using HCC's enterprise system, student performance data will be collected to include pre & post basic skills test results and the number of certifications/licenses earned, tracking pre and post employment data and tracking pre and post economic data and quality of life standards.

**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?**

Reversal of appropriation

**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.**

Hillsborough Community College

**13. Requestor Contact Information:**

**a. Name:** Eric Johnson

**b. Organization:** Hillsborough Community College



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

- c. **Email:** Ejohnson71@hccfl.edu
- d. **Phone Number:** (813)253-7560

### 14. Recipient Contact Information:

- a. **Organization:** Hillsborough Community College
- b. **County:** Hillsborough
- 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:** Eric Johnson
- e. **E-mail Address:** Ejohnson71@hccfl.edu
- f. **Phone Number:** (813)253-7560

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

- a. **Name:** Laura Boehmer
- b. **Firm:** Southern Strategy Group
- c. **Email:** boehmer@sostrategy.com
- d. **Phone Number:** (813)563-4100