



The Florida Senate

Local Funding Initiative Request – Fiscal Year 2017-2018

1. Project Title:
2. Senate Sponsor:
3. Date of Request:

4. Project/Program Description:

5. State Agency to receive requested funds:
 State Agency Contacted?:

6. Amount of the Non-Recurring Request:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	4,800,000

7. Total Project Cost (if greater than Total Requested State Funds):

8. Type, amount and percent of matching funds available for this project:

Type	Amount	Percent
Federal:	2,100,000	23.5%
State (Excluding the amount of this request):	1,700,000	19%
Local:	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>
Other:	330,000	3.7%

9. Was the project previously funded by the State?

Fiscal Year(s)	Amount		Vetoed
	Recurring	Non-Recurring	
<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>
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10. Is future-year funding likely to be requested? If yes, indicate non-recurring amount per year.

11. Program Performance (if needed, include additional documentation):
- a. What is the specific purpose or goal that will be achieved by the funds requested?
- b. What are the activities and services that will be provided to meet the intended purpose of these funds?



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c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Click here to enter text.	Click here to enter text.
Other Salary and Benefits	Support staff, post doc support, fellowships	1,750,000
Expense/Equipment/Travel/Supplies/Other	Expendable wind tunnel lab supplies, quantum computing time, database server	800,000
Consultants/Contracted Services/Study	Support for visiting scholar research, development, and industrial tech transfer	750,000
Operational Costs:		
Salary and Benefits	Click here to enter text.	Click here to enter text.
Expense/Equipment/Travel/Supplies/Other	Click here to enter text.	Click here to enter text.
Consultants/Contracted Services/Study	Click here to enter text.	Click here to enter text.
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Thermal matrix and nozzle for polysonic wind tunnel and computational facility enhancements	1,500,000

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

Student training and breakthrough technological advances

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

Students and general population

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

Increase in student enrollment and job placement. FSU submits these statistics to the BOG.

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?

Click here to enter text.

12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Florida State University

13. Requestor Contact information:

a. Name and Title: Kathy Mears

b. Organization: Florida State University

c. E-mail Address: kmears@fsu.edu

d. Phone Number: 850-251-4466

14. Recipient Contact Information:



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- a. Organization:
- b. Municipality and County:
- c. Organization type (check all that apply):
 - For-profit Entity
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. Contact Name and Title:
- e. E-mail Address:
- f. Phone Number:

15. Lobbyist Contact Information:

- a. Name:
- b. Firm:
- c. Email Address:
- d. Phone Number:

Please complete the questions below for Water Projects only.

- 16. Have you applied for alternative state funding?
 - Waste Water Revolving Loan
 - Drinking Water Revolving Loan
 - Small Community Wastewater Treatment Grant
 - Other (Please describe)
 - N/A
- 17. What is the population economic status?
 - Financially Disadvantaged Community (ch. 62-552, F.A.C)
 - Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
 - Rural Area of Economic Concern
 - Rural Area of Opportunity (s. 288-0656, Florida Statutes)
- 18. What is the status of construction?
- 19. What percentage of the construction has been completed? What is the estimated completion date?

This document will be posted on the Florida Senate website for public viewing.