



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Renovation of Photography Lab into Additional Classrooms

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

Remove photography equipment and convert space into three classrooms

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
	2,250,000	2,250,000

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):** 2,250,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

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

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?

Renovate unusable space into three functioning classrooms

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

Additional classroom space

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		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Convert one large classroom into three classrooms	2,250,000
TOTAL		2,250,000

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

Provide instructional information to students

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

College students, approximately 1200 students

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

Ability to schedule additional class times, measured by the number of additional classes

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.

Florida Keys Community College

13. Requestor Contact Information:

- a. **Name:** Jean Mauk
- b. **Organization:** Florida Keys Community College
- c. **Email:** Wjean.mauk@fkcc.edu
- d. **Phone Number:** (305)809-3266

14. Recipient Contact Information:

- a. **Organization:** Florida Keys Community College
- b. **County:** Monroe
- 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:** Doug Pryor



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e. E-mail Address: Douglas.pryor@fkcc.edu

f. Phone Number: (305)809-3184

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

a. Name: John Wayne

b. Firm: Peebles & Smith, Inc

c. Email: John@peebles-smith.com

d. Phone Number: (850)681-7383