



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** FSU - Center for Advanced Power Systems (CAPS) Expansion and Diversification

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

CAPS seeks to diversify into non-DOD areas of interest, such as DOE, DHS, and Utilities. The purpose is to help make the local and national grid more efficient, and more resilient.

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
1,230,000		1,230,000

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):** 1,230,000

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.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (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?

Yes

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

\$330,000 per year

11. Program Performance:

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

A senior program manager will be hired to lead the expansion effort. A junior level technician will be hired to help set up and run research testing and experiments.

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

Research

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 checked="" type="checkbox"/> Salary and Benefits		330,000



The Florida Senate

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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	.	900,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,230,000

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

Research opportunities for students and research outcomes to benefit the security of all Floridians

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

Students and citizens. Potentially millions of beneficiaries

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

Research and Federal contracts/private investments. Documented research and funding dollars will be used to measure success.

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 program will not continue if it is not self-funded within two years

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.

FSU will own the equipment

13. Requestor Contact Information:

- a. **Name:** Roger McGinnis
- b. **Organization:** FSU CAPS
- c. **Email:** mcginnis@caps.fsu.edu
- d. **Phone Number:** (840)645-1183

14. Recipient Contact Information:

- a. **Organization:** FSU CAPS
- b. **County:** Leon
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Roger McGinnis

e. E-mail Address: mcginnis@caps.fsu.edu

f. Phone Number: (840)645-1183

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

a. Name: Kathy Mears

b. Firm: Florida State University

c. Email: kmears@fsu.edu

d. Phone Number: (850)251-4466