



# The Florida Senate

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

1. **Title of Project:** University of South Florida Sarasota-Manatee STEM Programs at Mote Marine Laboratory

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

Recruitment and hiring of Faculty and Staff to teach and support courses in STEM fields and other programs of strategic emphasis

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Education

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
3,000,000		3,000,000

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):** 3,000,000

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) 1

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? Yes

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>2,516,965</b>		<b>2,516,965</b>

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

Yes

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

3,000,000

**11. Program Performance:**

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

Maintain Faculty and Staff to teach and support courses in STEM fields

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

Job placement of graduates trained in STEM related fields and other areas of strategic emphasis.

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	Faculty and Staff	3,000,000



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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 type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>3,000,000</b>

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

Job placement of graduates trained in STEM related fields.

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

Students and Employers in the USF Sarasota-Manatee service area.

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

Number of graduates trained in STEM fields. Track the number of graduates employed in the local service area.

**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?**

State University System Performance Metrics

**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.**

University of South Florida Sarasota-Manatee

**13. Requestor Contact Information:**

- a. **Name:** Dr. Terry Osborn
- b. **Organization:** University of South Florida Sarasota-Manatee
- c. **Email:** terryosborn@sar.usf.edu
- d. **Phone Number:** (941)349-4340

**14. Recipient Contact Information:**

- a. **Organization:** University of South Florida Sarasota-Manatee
- b. **County:** Manatee
- 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:** Dr. Terry Osborn

**e. E-mail Address:** terryosborn@sar.usf.edu

**f. Phone Number:** (941)349-4340

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

**a. Name:** Casey Welch

**b. Firm:** University of South Florida Sarasota-Manatee

**c. Email:** caseywelch@usf.edu

**d. Phone Number:** (941)932-3327