



# The Florida Senate

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

1. **Title of Project:** Graduate Assistant Partial Fee Waiver

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

25% Fee Waiver for graduate assistants for fees identified in ss.1009.24 (7)-(14) and (17)

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Board of Governors

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
4,000,000		4,000,000

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):** 4,000,000

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.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY <u>2017-18</u></b>
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	(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>			

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

Yes

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

Yes, approximately \$4,000,000

### 11. Program Performance:

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

Provide support for university graduate teaching assistants and graduate research assistants

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

University instruction and research support

#### 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	Salary & Benefits	4,000,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		4,000,000

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

Continued excellence in graduate assistant recruits

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

Graduate teaching assistants and research assistants with at least a 0.25 FTE appointment

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

Increased interest in GAU programs at Florida universities.

**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.**

None

**13. Requestor Contact Information:**

- a. **Name:** Marshall Ogletree
- b. **Organization:** United Faculty of Florida
- c. **Email:** Marshall.ogletree@floridaea.org
- d. **Phone Number:** (850)224-8220

**14. Recipient Contact Information:**

- a. **Organization:** Most Universities
- b. **County:** Statewide
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☒ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College



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☐ Other (Please specify)

**d. Contact Name:** Marshall Ogletree

**e. E-mail Address:** marshall.ogletree@floridaea.org

**f. Phone Number:** (850)224-8220

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**