



# The Florida Senate

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

1. **Title of Project:** Future City Initiative

2. **Senate Sponsor:** Randolph Bracy

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

4. **Project/Program Description:**

Establishing a Smart City Center for research and education at UCF

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
1,257,000	1,000,000	2,257,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	6,000,000	72.7%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	6,000,000	72.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 8,257,000

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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<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>			

**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?**

Conduct research and service related to Smart Cities' concepts and technologies

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

Provide proving grounds to spring board to other Urban areas in Florida. Educate the next generation

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	fringe benefits support for an administrative assistant	66,000
<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+ fringe benefits support for 3 faculty members	441,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	start-up costs (summer salary, graduate students, equipment)	750,000



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	for the 3 faculty members	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	renovations and capital equipment costs for the Smart City Lab	1,000,000
TOTAL		2,257,000

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

Improve transportation, education, economic activities, increase tourism, create job opportunities

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

General, but students, tourists, and economically disadvantaged would benefit

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

Performance measure in mobility, safety, accessibility would be used

**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, unless funds are intentionally misused in which case they would be reimbursed.

**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.**

The owner and the entity are both the property of UCF.

**13. Requestor Contact Information:**

- a. **Name:** Dr. Michael Georgiopoulos
- b. **Organization:** University of Central Florida
- c. **Email:** michaelg@ucf.edu
- d. **Phone Number:** (407)823-5338

**14. Recipient Contact Information:**

- a. **Organization:** University of Central Florida
- b. **County:** Orange
- 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. Michael Georgiopoulos

**e. E-mail Address:** michaelg@ucf.edu

**f. Phone Number:** (407)823-5338

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

**a. Name:** Dr. Dan Holsenbeck

**b. Firm:** UCF

**c. Email:** danh@ucf.edu

**d. Phone Number:** (407)247-9421