



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** FKCC - Hurricane Student Gap Funding

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

Provide one-time appropriation for reduction in student attendance and registration due to a loss of student and rental housing from hurricane Irma.

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
250,000		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):** 250,000

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?

No

11. Program Performance:

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

Make up for loss of revenue from student reduction. Estimated reduction is 130 students.

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

Maintaining existing schedule of classes

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	Teaching positions	250,000
<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 type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		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?

Potential loss of critical faculty

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.

It will directly benefit the owner of the facility.

13. Requestor Contact Information:

- a. **Name:** Jonathan Gueverra
- b. **Organization:** Florida Keys Community College
- c. **Email:** Jonathan.gueverra@fkcc.edu
- d. **Phone Number:** (305)809-3204

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)681-7383

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

a. Name: John Wayne Smith

b. Firm: Peebles & Smith, Inc

c. Email: John@peebles-smith.com

d. Phone Number: (850)681-7383