1. **Title of Project:** Pasco-Hernando State College - Operational Funds for Academic/College Support

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 02/01/2019

4. **Project/Program Description:**
   Funds will provide support to the College to expand dual enrollment, hire needed faculty for Nursing and STEM related careers, the IPAC, and decrease the advisor student ratio from 400 to 1.

5. **State Agency to receive requested funds:** Department of Education
   State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>2,000,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>2,000,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>2,000,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

    | Spending Category                       | Description                                      | Amount |
    |-----------------------------------------|--------------------------------------------------|--------|
    | **Administrative Costs:**               |                                                  |        |
    | Executive Director/Project Head Salary  |                                                  |        |
    | and Benefits                            |                                                  |        |
    | Other Salary and Benefits               |                                                  |        |
    | Expense/Equipment/Travel/Supplies/Other |                                                  |        |
11. Program Performance:

a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   
   Funds will allow for the expansion of academic programs in Nursing and STEM related fields, IPAC, and the hiring of academic advisors to reduce the ratio of advisors to students from 666 to 1 to 400 to 1.

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
   
   PHSC students will receive activities and services in course instructions and needed career and academic advising.

c. **What are the direct services to be provided to citizens by the appropriations project?**
   
   The community high school graduates and career changers will engage and receive course instructions, student affairs and advising services to enhance their career mobility and define their career pathway.

d. **Who is the target population served by this project? How many individuals are expected to be served?**
   
   The primary target population is students from the College's service district of Pasco and Hernando County. More than 16,000 students seeking educational credentials are served annually at PHSC.

e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   
   The expected benefit or outcome of this project is that the students' educational needs of Pasco and Hernando will be appropriately served. This outcome will be measured by the number of students who enroll, retained, and complete the educational and degree programs offered by the College.

f. **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 agency could place the College on a monitoring or recommend the College be evaluated by auditors for any violations regarding the mis-use of funds.

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.**
   
   Pasco-Hernando State College District Board of Trustees
13. Requestor Contact Information:
   a. Name: Timothy Beard
   b. Organization: Pasco-Hernando State College
   c. E-mail Address: Beardt@phsc.edu
   d. Phone Number: (727)816-3401

14. Recipient Contact Information:
   a. Organization: Pasco-Hernando State College
   b. County: Pasco
   c. Organization Type:
      〇 For Profit
      〇 Non Profit 501(c) (3)
      〇 Non Profit 501(c) (4)
      〇 Local Entity
      〇 University or College
      〇 Other (Please specify)
   d. Contact Name: Timothy Beard
   e. E-mail Address:
   f. Phone Number: (727)816-3401

15. Lobbyist Contact Information
   a. Name: Shawn Foster
   b. Firm Name: Sunrise Consulting Group
   c. E-mail Address: Foster@scgroup.us
   d. Phone Number: (727)808-4131