1. **Title of Project:** University of North Florida – Affirmative Consent Project

2. **Senate Sponsor:** Audrey Gibson

3. **Date of Submission:** 02/14/2019

4. **Project/Program Description:**
   Pilot Education Program: Stopping Campus Sexual Assault and Dating Violence in High School and College

5. **State Agency to receive requested funds:** Department of Education
   State Agency Contacted? No

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>200,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>200,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Project Costs for Fiscal Year 2019-2020</td>
<td><strong>200,000</strong></td>
<td><strong>100.0%</strong></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>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $200,000.00

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

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>Oversight of Project, contracting with educational specialists, program initiatives and training facilitators</td>
<td><strong>75,000</strong></td>
</tr>
</tbody>
</table>
11. Program Performance:

a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   
   Educating students in local high schools and colleges about safe, mutually respectful relationships on and off campus

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
   
   Student, Faculty and Administrative training programs that address the specific issues of safety and respect.

c. **What are the direct services to be provided to citizens by the appropriations project?**
   
   Training and education

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

   University & High School Students, Administrators and Faculty.

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

   Integration of Training Material Evaluation in Annual Campus Climate Survey and Reporting of Incidents of Violence in conjunction with Title IX Objectives

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?**

   25% return 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.

   N/A

13. Requestor Contact Information:

   a. **Name:** Alison Morano
b. **Organization:** The Affirmative Consent Project  

c. **E-mail Address:** affirmativeconsent@gmail.com  

d. **Phone Number:** (813)766-9872

14. **Recipient Contact Information:**  

a. **Organization:** University of North Florida  

b. **County:** Duval  

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:** Alison Morano  

e. **E-mail Address:** affirmativeconsent@gmail.com  

f. **Phone Number:** (813)766-9872

15. **Lobbyist Contact Information**  

a. **Name:** None  

b. **Firm Name:** None  

c. **E-mail Address:**  

d. **Phone Number:**