1. **Title of Project:** SFSC Campus Wide Roof Renovations

2. **Senate Sponsor:** Ben Albritton

3. **Date of Submission:** 03/19/2019

4. **Project/Program Description:**
   Several buildings with active student enrollments have developed leaks that have been temporarily patched and are awaiting funding for replacement of roof membrane and insulation. Immediate funding will allow College staff to prioritize roof replacements to prevent membrane failure and the resulting impact to faculty, students, and the state’s investment in physical plant.

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>Fixed Capital Outlay</td>
<td>800,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>800,000</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>800,000</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>800,000</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**

    **Administrative Costs:**
    | Spending Category | Description | Amount |
    |--------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits | | |

Page 1 of 3
11. Program Performance:

a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   Improving buildings thereby improving health and safety of students and staff.

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

c. **What are the direct services to be provided to citizens by the appropriations project?**
   Improving buildings thereby improving health and safety of students and staff.

d. **Who is the target population served by this project? How many individuals are expected to be served?**
   Students, faculty and visitors to our schools.

e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   To improve the state’s investment in the physical plant and ensure safety of occupants

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?**
   Non payment of invoices

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.

   South Florida State College

13. Requestor Contact Information:

   a. **Name:** Thomas Leitzel
   b. **Organization:** South Florida State College
   c. **E-mail Address:** thomasleitzel@southflorida.edu
   d. **Phone Number:** (863)784-7111
14. **Recipient Contact Information:**
   a. **Organization:** South Florida State College
   b. **County:** Highlands
   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:** Thomas Leitzel
   e. **E-mail Address:** thomasleitzel@southflorida.edu
   f. **Phone Number:** (864)784-7111

15. **Lobbyist Contact Information**
   a. **Name:** Keaton Alexander
   b. **Firm Name:** Silver Palm Consulting, LLC
   c. **E-mail Address:** keaton@jdalexander.com
   d. **Phone Number:** (863)528-2024