



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2434

1. **Project Title** Funds for Instructional and Performing Arts and General College Operations

2. **Senate Sponsor** Tom Lee

3. **Date of Request** 01/02/2020

4. **Project/Program Description**

Funds to support the operations of the New Instructional Performing Arts and general College operations.

5. **State Agency to receive requested funds** Department of Education

State Agency contacted? ☒ Yes ☐ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2000000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>2,000,000</b>	<b>100 %</b>

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Salary and benefits for faculty, staff	1,500,000
Expense/Equipment/Travel/Supplies/Other	Expenses for furniture and other facility equipment	500,000
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		2,000,000



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#### 11. Program Performance

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

Provide funding to cover the salary and benefits, as well as supplies for new Instructional and Performing Arts Center.

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

Teaching of students and community engagement activities for the students and citizens of Pasco, Hernando County and Tampa Bay area.

- c. What direct services will be provided to citizens by the appropriation project?

Instructional services and community engagement activities

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

Students in Pasco and Hernando Counties. Services are available to over 20,000 college and high school students.

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

The IPAC will exist to provide quality education to students interested in the performing arts and provide important services to community citizens.

- 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?

College could lose future funding if students do not complete their college program in a timely manner.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Facility will be under the authority of the Pasco Hernando State College District Board of Trustees.

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☒ University or College
  - ☐ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.