1. **Project Title**: W207-REM BLDG 420 ALLIED HLTH/NURSING

2. **Senate Sponsor**: George Gainer

3. **Date of Request**: 02/02/2021

4. **Project/Program Description**

   Complete renovation of a 50+ year-old building. The building will be our Allied Health Education building and will house all of our critical health programs. Renovation will improve hurricane hardening and do a full renovation/update of the building, including mechanical systems and educational classrooms. This renovation will make the building more like a hospital teaching environment and less like a general education building.

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

6. **State Agency contacted?**  No

7. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>10,700,000</td>
</tr>
</tbody>
</table>

   **Total State Funds Requested**: 10,700,000

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>10,700,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

   **Matching Funds**

   - Federal: 0 (0%)
   - State (excluding the amount of this request): 0 (0%)
   - Local: 0 (0%)
   - Other: 0 (0%)

   **Total Project Costs for Fiscal Year 2021-2022**: 10,700,000 (100%)

8. **Has this project previously received state funding?**  Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Nonrecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>0</td>
<td>2,000,000</td>
<td>23</td>
<td>No</td>
</tr>
</tbody>
</table>

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

   a. If yes, indicate nonrecurring amount per year.

   b. Describe the source of funding that can be used in lieu of state funding.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**  Yes

    If yes, indicate the amount of funds received and what the funds were used for.
$2.5M for student aid, half of which has been disbursed so far.
$5M for operational costs, of which about $1M has been spent.
Funds were used to defray salaries for personnel to keep them employed, IT requirements to expand online education, sanitization, etc.

11. Details on how the requested state funds will be expended

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Operational Costs: Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td>We spent the original $2M PECO appropriation on architectural design and planning. The requested $10.7M will be spent on the renovation project and will be completed by a construction contractor.</td>
<td>10,700,000</td>
</tr>
<tr>
<td>Total State Funds Requested (must equal total from question #6)</td>
<td></td>
<td>10,700,000</td>
</tr>
</tbody>
</table>

12. Program Performance
   a. What specific purpose or goal will be achieved by the funds requested?

   Building 420 will be hurricane hardened and will be renovated to be a modern, hospital like educational facility where students will learn and practice medical procedures in an environment that is much like what they will work in once they graduate.

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

   The building will be made much more secure from hurricane damage. The mechanical systems will all be brought up to date and made energy efficient. The building renovation will make the space much more appropriate to a health educational facility instead of a general educational space. It will be made to be as much like the work environment for these allied health students as can be so that they will seamlessly transition to work.

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

   Increased education of allied health students to serve Okaloosa and Walton Counties.

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

   Students, mainly in the 20-40 years of age bracket. However, the entire population of our two county area will be served by our students who graduate and work in the many allied health jobs in the area.

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

   Additional allied health employment in our area. The measurement will be the number of filled versus unfilled allied health jobs in our two-county area.
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 the contract?

The contract will have specific deliverables and delivery dates built in to it. If those are not met then payment will not be forthcoming.

13. 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.

The facilities are owned by the Board of Trustees of Northwest Florida State College. There will be no relationship outside of that.
14. Requestor Contact Information
   a. First Name  Devin  Last Name  Stephenson
   b. Organization  Northwest Florida State College
   c. E-mail Address  dstephenson@nwfsc.edu
   d. Phone Number  (850)729-5360  Ext.

15. Recipient Contact Information
   a. Organization  Northwest Florida State College
   b. Municipality and County  Okaloosa
   c. Organization Type
     - [ ] For Profit Entity
     - [ ] Non Profit 501(c)(3)
     - [ ] Non Profit 501(c)(4)
     - [ ] Local Entity
     - [x] University or College
     - [ ] Other (please specify)
   d. First Name  Randall  Last Name  White
   e. E-mail Address  whiter3@nwfsc.edu
   f. Phone Number  (850)729-6404

16. Lobbyist Contact Information
   a. Name  David Ramba
   b. Firm Name  Ramba and Associates
   c. E-mail Address  david@rambaconsulting.com
   d. Phone Number  (850)727-7087