

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: New Tampa Cultural Center and Emergency Center
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Shawn Harrison  
Members Copied: Joseph Abruzzo

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
***If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d***
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					6,580,000	6,580,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No  
5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Economic Opportunity

6. Requester:

- a. Name: Brandon Wagner
- b. Organization: Hillsborough County Legislative Affairs
- c. Email: WagnerB@Hillsboroughcounty.org
- d. Phone #: (813)276-2640

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Craig Clements
- b. Organization: Hillsborough County Real Estate and Facilities Department
- c. Email: clementsc@hillsboroughcounty.org
- d. Phone #: (813)307-1032

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Andrea Reilly
- b. Firm: Smith Bryan and Myers
- c. Email: AREilly@smithbryanandmyers.com
- d. Phone #: (850)224-5081

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Hillsborough County Board of County Commissioners
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The New Tampa Cultural and Emergency Center will be servicing the cultural needs of the citizens of New Tampa and Northeast Hillsborough County as well as a Special Needs Shelter for Alzheimer's/Cognitive needs citizens. It will also have a dedicated office for local law enforcement. Hillsborough County has made this a priority by allocating \$3.5-million towards the project with an additional \$2.05-million to be provided by a private developer for this P3 (Public-Private-Partnership) project.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Funds will be used for design, engineering and construction of the New Tampa Cultural and Emergency	6,580,000

	Center. This will be a 2-story 30,000 SF facility and will include: Theater seating for 299/Stage/Fly Gallery, Main Lobby/Reception with concessions, Covered Drop-off/entrance, Multi-purpose rooms with serving kitchen, Restrooms, multiple storage areas, back-in loading dock for backstage and serving kitchen, Irrigation and landscaping in parking, Dedicated office space for law enforcement	
TOTAL		6,580,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Community meetings and public meetings by the Board of county Commissioners have been held since 2014. There is broad citizen support for the project. the project is also supported by Hillsborough County's Emergency Management Services and the Health Department.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Hillsborough County retained an architectural consultant to prepare schematic design and an estimate for the project. The County's Emergency Management Services has consulted with the Health Department and identified the need for a shelter.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- Other (Please describe): Cultural arts community such as theater/performance groups

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Enhance tourism and community involvement by engaging in a variety of cultural performances	Reporting number of visitors and through inter-active surveys of their experience
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Promotes educational programs for our community and youth in the our primary and secondary educational system. Enhances the learning experience by students.	Reporting number of events and value of instruction
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Serve as an emergency shelter for at-risk population	Reporting capacity and number of actual usage.
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	The return on investment of this project is estimated to be \$3.3 for	Generating and reporting revenues through the implementation of a

	every \$1 of state funds committed	business model that supports operational and sustainment cost
<input checked="" type="checkbox"/> Increase tourism	The cultural center will be highlighted as a tourist destination	Reporting number of external visitors
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Special Needs Emergency Center	Central location for Alzheimer's/Cognitive special needs persons.	By consolidated this special needs population we can monitor them with greater efficiency and allow other locations to assist with other special needs populations.

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations	6,580,000	54.4%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	3,500,000	28.9%	Yes
5. Other:	2,020,000	16.7%	Yes
<b>TOTAL</b>	<b>12,100,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

No