

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: RIVEROAK Technical College Expansion and Remodeling Project
2. Date of Submission: 11/03/2017
3. House Member Sponsor: Elizabeth Porter
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		300,000	300,000		1,823,125	1,823,125

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Education
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Suwannee County School District will utilize district, state, and federal guidelines/policies for contractual agreements with vendors.

6. Requester:

- a. Name: Ted Roush
- b. Organization: Suwannee County School District
- c. Email: ted.roush@suwannee.k12.fl.us
- d. Phone #: (386)647-4604

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Mark Carver
- b. Organization: Suwannee County School District
- c. Email: mark.carver@suwannee.k12.fl.us
- d. Phone #: (386)647-4151

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Suwannee County School District, RIVEROAK Technical College
- b. County (County where funds are to be expended): Suwannee
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Columbia, Dixie, Gilchrist, Hamilton, Jefferson, Madison

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?

Funds will afford RIVEROAK Technical College to expand existing health education programs and implement new allied health programs addressing workforce needs in the healthcare industry throughout the RiverOak Technical College's service area.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) 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 allow for all costs associated with this project, including; design, engineering, permitting and construction remodeling of the existing property	1,823,125
TOTAL		1,823,125

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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:

Letters of support from Suwannee County Chamber of Commerce, Career Source North Florida, Hamilton School District, Suwannee County Economic Council, Suwannee School District, River Oak Technical College Advisory Board and the Live Oak City Council.

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:

Career Source North Florida conducted studies to document the need for allied health program expansion. Legislative Budget Request Servey of Critical needs was submitted to the FLDOE Division of Career and Adult Education for 2015 and 2016, but funds were not granted.

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Current allied health programs will be expanded and new programs will be implemented allowing RIVEOAK Technical College to serve more adults in the healthcare field based on local workforce needs as identified by the Targeted Occupations List for the Suwannee County Service Area

17b. Describe the direct services to be provided to the citizens by the funding requested.

The following allied health programs will be provided in RIVEROAK Technical College's service area: Dietary Management, Practical Nursing, Patient Care Technician, Surgical Technology, Pharmacy Technology, Phlebotomy and Dental Assisting.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. 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 each Benefit/Outcome 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 type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increase program capacity in critical needs health occupations. Provide lab space for medical programs to earn National accreditation in the Pharmacy Tech Program. Improve quality of education	Certification or licensure pass rate on private, state, and national assessments
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase healthcare workforce locally and throughout the region	*Department of Economic Opportunity regional data *Career Source regional data
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Job placement in areas of critical	*State FETPIP Report *Annual

	need. Identified as high demand and high wage by Career Source North Florida: LPN, PCT, Surgical Technology, Pharmacy Technician, Dental Assistant	Council on Occupational Educational report
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increased advanced educational opportunities and increase job placement in critical health care fields	*Department of Economic Opportunity regional data *Employee Verification forms *Student Surveys
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Research has shown that access to educational opportunities and adequate support services are important strategies in diversion from criminal justice system.	*DJJ Reports
<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 type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	1,823,125	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,823,125	100%	

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

No