

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Seminole State College of Florida - Building G Roof Replacement and Envelope Renovation

2. Date of Submission: 10/15/2019

3. House Member Sponsor: Scott Plakon

Members Copied:

### 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, Col. E*
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,284,470	1,284,470

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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.

All of Seminole State's facilities construction and renovation contracts contain penalties for non-performance. Such provisions will be used in contracts for this project; no unique provisions will be needed.

6. Requester:

- a. Name: Georgia Lorenz
- b. Organization: Seminole State College
- c. Email: lorenzg@seminolestate.edu
- d. Phone #: (407)708-2010

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

- a. Name: Richard Collins
- b. Organization: Seminole State College
- c. Email: collinsrl@seminolestate.edu
- d. Phone #: (407)708-2001

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

- a. Name: Donald Payton
- b. Firm: Ballard Partners
- c. Email: don@ballardpartners.com
- d. Phone #: (407)403-4211

9. Organization or Name of entity receiving funds:

- a. Name: Seminole State College of Florida
- b. County (County where funds are to be expended): Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Orange, Seminole

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?

Building G is one of the premier locations in the County for fine arts education, performance and community events. It has 129 student stations and contains the College's only theater and largest auditorium. Replacement of roof and renovation of building envelope will protect the State's investment in this 43 year-old building and extend the useful life of the building by 15-20 years. More cost-efficient than continually patching dilapidated roof and building envelope leaks.

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	Roof replacement and renovation of the building envelope	1,284,470
<b>TOTAL</b>		<b>1,284,470</b>

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:

The College's District Board of Trustees' June, 2019 public meeting, and the September 13, 2019 public meeting of the Seminole County Legislative Delegation.

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:

The International Facility Management Association's (IFMA's) Facility Condition Index (FCI). was used to assess the building. This is a standard facility management benchmark used to objectively assess the current and projected condition of a building. Building G scored 29.90% (Poor condition), bordering on Critical (set at 30%). In November, 2016, Dewberry Assoc. and Matern Engineering also conducted a visual assessment of this building.

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?

Replacement of a dilapidated, leaking 43 year-old roof and renovation of the leaking building envelope.

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

Alleviation of conditions contributing to structural failure and poor indoor air quality. Currently, College classes and events are canceled when heavy rain is present and water leaks make the building unsafe for use. Improve the current utilization rates for classrooms and lab spaces, currently 59.68% and 61.51% respectively.

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): General population of Seminole County.

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

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

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 checked="" type="checkbox"/> Improve physical health	Improved indoor air quality	Indoor air quality monitoring
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Attendance and participation	Number of performances and exhibits
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Enrollments	Quality of teaching tools and variety of creations
<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.)	Elimination of water intrusion into the building which not only affects the structure, but also affects Indoor Air Quality and puts occupants' health at risk. Community use	Replacement of roof and completion of building envelope renovation. Informational sessions on crime prevention and preparation for inclement weather
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Attendance at events	Gross receipts, revenue from events, payments to performers
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Number of paid construction workers and performers	Number of construction workers and increased number of participants in activities
<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): Extend the useful life of this 40+ year-old state asset by 15-20 years	Facility condition reports	Lower cost of maintenance

19. Provide the total cost of the project for FY 2020-21 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:	1,284,470	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
<b>TOTAL</b>	<b>1,284,470</b>	<b>100%</b>	

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

No