

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Polk State Ren Enhanced Security College Wide
2. Date of Submission: 10/03/2019
3. House Member Sponsor: Colleen Burton
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> | 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: | | | | | 2,234,800 | 2,234,800 |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
 - 5a. If yes, which state agency? Department of Education
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 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.
Reporting and penalties should be consistent with those outlined for fixed capital outlay appropriations.

6. Requester:

- a. Name: Dr. Angela Garcia Falconetti
- b. Organization: Polk State College
- c. Email: agarciafalconetti@polk.edu
- d. Phone #: (863)297-1098

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

- a. Name: Peter Elliott
- b. Organization: Polk State College
- c. Email: pellott@polk.edu
- d. Phone #: (863)297-1081

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

- a. Name: Derek Whitis
- b. Firm: Whitis Consulting, LLC
- c. Email: derek@whitisconsulting.com
- d. Phone #: (850)264-4989

9. Organization or Name of entity receiving funds:

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

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?

Polk State College is requesting \$2,234,800 in PECO funds to enhance safety and security measures throughout the College. Requested funds would improve building access controls, target hardening, cyber security, and security surveillance systems and would enhance the mass communications systems.

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 checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Cyber security enhancements, surveillance cameras, recording equipment, and digital signage. | 738,800 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Installation of additional security lightning in parking lots and the perimeter of building and implementation of target hardening measures. | 1,496,000 |

| | | |
|-------|--|-----------|
| TOTAL | | 2,234,800 |
|-------|--|-----------|

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 Polk State College District Board of Trustees (DBOT) ratifies the College's funding priorities each year upon their approval of the Capital Improvement Program (CIP) summary. This project is listed as a top priority for the College and was approved by the DBOT at their regular board meeting on June 24, 2019.

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

No

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?

Cyber security improvements include software and hardware upgrades required to expand door access controls at all locations. Surveillance cameras will be added in and around College facilities. The project includes the purchase and installation of digital signage equipment at the Winter Haven and Lake Wales Campuses and the purchase and installation of electronic locks for exterior doors, and manual locksets for office and classroom doors at all six locations.

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

This project will provide increased safety for students, faculty, staff, and visitors at all of the College's campuses and centers.

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): Polk State serves students, employs over 1,200 individuals, & its facilities are open to the public.

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 type="checkbox"/> Improve quality of education | | |
| <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.) | The project will enhance the overall safety and security of all campuses and centers. These improvements will allow for stricter control of access to facilities, as well as documentation of where and when individuals are entering and exiting. Security improvements will also allow for remote lockdown of buildings with centralized entry systems. Enhancements to the mass communications system will provide an additional method to inform the campus community in the event of an emergency. | Outcomes will be measured by the reduction in the number of campus crimes. |
| <input type="checkbox"/> Improve transportation conditions | | |
| <input type="checkbox"/> Increase or improve economic activity | | |

| | | |
|--|--|--|
| <input type="checkbox"/> Increase tourism | | |
| <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 type="checkbox"/> Other (Please describe): | | |

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: | 2,234,800 | 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 | 2,234,800 | 100% | |

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

No