Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: M3- Moving Students In, Moving Students Through, and Moving Students On to Success

2. Date of Submission: 02/03/2016

3. House Member Sponsor(s): Darryl Rouson

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? No
- 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 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
Column:	Α	В	С	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					850,000	0	850,000

e.	New Nonrecurring Funding Requested for FY 16-17 will be used for:				
	□Operating Expenses	☐Fixed Capital Construction	□Other one-time costs		
	1 0 1	•			
f.	New Recurring Funding	Requested for FY 16-17 will be	used for:		
f.		Requested for FY 16-17 will be ☐Fixed Capital Construction			

5. Requester:

a. Name: Helen Levine

b. Organization: <u>USF St. Petersburg</u>c. Email: <u>hlevine@mail.usf.edu</u>d. Phone #: (813)230-6017

6. Organization or Name of Entity Receiving Funds:

a. Name: <u>USF St. Petersburg</u>

- b. County (County where funds are to be expended) Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding) Pinellas
- 7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project?s intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Compass: \$500,000 will be spent to continue and expand the Compass program, including funds for a first year experience class that would be required of all FTICs, additional training for peer coaches, hiring of more peer coaches and peer coach leaders. Funds will support the expansion of the faculty learning journey program so more faculty can contribute and can take more complex educational outings with freshmen.

Career Center: \$310,000 will be for salaries for a director of the internship program, support staff and internship coordinators. Approximately \$20,000 per year will go toward stipends for first generation students with financial need. \$20,000 will be spent for supplies, travel, and other supporting activities.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: <u>0</u> Other: <u>0</u>

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

<u>Yes</u>