

Construction Appropriation Notification Form

FLORIDA ART IN STATE BUILDINGS PROGRAM

Upon initial appropriation, the state agency shall complete this form & send it to the **Florida Arts Council** via the Dept of State Division of Cultural Affairs in accordance with Section 255.043, F.S.

The **Florida Department of** _____ has received a legislative appropriation to construct: a new facility an addition/expansion

Project # _____ **Project Name** _____

Project City _____ Project County _____

The total appropriation is: _____ Appropriated in Fiscal Year _____

Art Allocation is: _____ (.5% of total appropriation, capped at \$100,000)

Target Dates:

Program _____ Architect/Engineer _____ Schematics _____

Construction Start _____ Construction Finish _____

Project Director (name, address, telephone, fax, e-mail)

New Facility Contact (title, name, telephone, e-mail)

Architect (name, telephone, e-mail)

Person filling out this form _____ **Date** _____

Form received by ASB Program Manager _____ **New Project File Made** _____

Construction Appropriation Notification Form

FLORIDA ART IN STATE BUILDINGS PROGRAM

Upon initial appropriation, the university facilities office shall complete this form & send it to the Florida Arts Council via the Division of Cultural Affairs, in accordance with Section 255.043F.S.

The _____ (univ.) has received a legislative appropriation to construct: a new facility an addition/expansion

Project # _____ **Project Name** _____

Project City _____ Project County _____

The total appropriation is: _____ Appropriated in Fiscal Year _____

Art Allocation is: _____ *(up to ½ % of total appropriation, maximum of \$100,000)*

Funds from sources other than the Florida Legislature should not be included when computing the art allocation (i.e., federal funds), although additional funds may be added to the art allocation from other sources: private contributions, foundations, grants, etc. The cap limit of \$100,000 does not apply to these additional funds.

Target Dates:

Program _____ A/E Award _____ Design Dev. Submittal _____

Construction Start _____ Substantial Completion _____

Project Manager (name, title, address, telephone, fax, e-mail)

The University's ASB **User Agency Representative** and **Designated Program**

Administrator were sent a copy of this form on _____ (date).

Person filling out this form _____ **Date** _____

Form received by ASB Program Manager _____ **New Project File Made** _____