



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2308

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

North Florida College needs additional lab space to expand workforce education opportunities for students from Hamilton, Jefferson, Lafayette, Madison, Suwannee, and Taylor counties. This project would allow the College to transform storage space into lab space for high-demand workforce programs, including, Electricians, Welding Technology, and Industrial Machinery Maintenance and Repair. The additional lab space would allow the upcoming welding program to expand from 12 students to 25 fulltime students during the day, as well as a night program with 25 students. The additional lab space could potentially house an expanded Industrial Machinery Maintenance and Repair program, and an electrician program with approximately 20 students during the day and potentially another 20 during the evening section for students who work during the day.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,103,866
<b>Total State Funds Requested</b>	<b>3,103,866</b>

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,103,866	76%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	24%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>4,103,866</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

Higher Education Emergency Relief Funds - \$4,808,184. Funds were primarily used for emergency aid grants to students and IT enhancements to increase our ability to provide online instruction. Note: Funds could not be used for capital projects.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

North Florida College - Board of Trustees. The building will be placed on the main campus of North Florida College in Madison, FL.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovate, remodel, and expand an existing warehouse into lab space for high-demand workforce programs on North Florida College's main campus in Madison, FL.	3,103,866
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,103,866</b>

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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Renovation/Remodeling/expansion of a facility that will provide necessary space to offer high-demand workforce education programs in North Florida College's service area. North Florida College's service area includes Jefferson, Taylor, Madison, Lafayette, Hamilton, and Suwannee counties.

**b. What activities and services will be provided to meet the intended purpose of these funds?**

Renovation/Remodeling/expansion of a facility allowing for high-demand workforce programs such as welding, electrician, and industrial maintenance and repair.

**c. What direct services will be provided to citizens by the appropriation project?**

Education

**d. Who is the target population served by this project? How many individuals are expected to be served?**

Citizens in North Florida College's six-county service district - Jefferson, Taylor, Madison, Lafayette, Hamilton, and Suwannee counties - are the target population. Approximately 50-100 students during each semester will be served.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

This Legislative Appropriation will allow North Florida College to significantly expand high-demand workforce program offerings for many years into the future. The building will be designed for programmatic flexibility in mind. This will allow the College to use the lab spaces for multiple workforce education programs. North Florida College will track graduates and students that complete to ensure the students are quickly employed in related job fields.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

Funds spent inappropriately would be requested to be repaid to the State.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)



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d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

#### 17. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number