



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1934

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Establish a Workforce Education Center (WEC) to provide education and economic development opportunities for South Hills. Co. The center will meet critical demands as the surrounding areas have reported 24% growth in the total population and 42% growth in 9-12 grade students between 2015 and 2020. The facility will mediate critical instructional space shortages and function as a comprehensive training center for high wage careers in the healthcare, business, and technology fields.

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	5,000,000
<b>Total State Funds Requested</b>	<b>5,000,000</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)	5,000,000	62%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	3,000,000	38%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>8,000,000</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?**  Yes

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

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

Private donations through the College's foundation

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

Yes



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

\$118,000,000 for federally mandated aid to students, deferred maintenance and technology for students.

## 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)?

No

c. What is the estimated start date of construction?

Eight months after receipt of funds

d. What is the estimated completion date of construction?

Eight to Twelve months after receipt of final funding

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.

Hillsborough Community College / State of Florida

### 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	\$5,000,000 will be used for planning, design and engineering for the Workforce Center.	5,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,000,000</b>

### 14. Program Performance

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



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The WEC will provide workforce training and job placement services for high wage occupations, as well as a space for large-scale training and professional development opportunities for local industry. The WEC will offer a full scope of student services, including advising, financial aid, veterans' services, counseling and career resource.

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

The WEC will provide workforce training and job placement services for high wage occupations, as well as a space for large-scale training and professional development opportunities for local industry. The WEC will offer a full scope of student services, including advising, financial aid, veterans' services, counseling and career resource.

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

The WEC will be a multi-function, multi-use space for instruction, workforce training, local stakeholder development, and community events and programming. The WEC will also serve as a hub for high-value, non-profit agencies to increase public access to services like job placement, food and nutrition support, and childcare.

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

Elderly persons, jobless persons, economically disadvantaged persons, at risk youth, developmentally disabled, physically disabled, veterans, grade school students, high school students, university/college students, currently or formerly incarcerated persons.

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

The center will provide instructional space for more training programs in business, computers and technology, and healthcare and provide dedicate space for veteran support services for veterans seeking training or education. HCC's enterprise resource system will track performance data for each student including: (1) certifications, degrees or licenses earned, (2) career placement, (3) rate of transfer to advanced education or training.

**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?**

Reversal of Funding

**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



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University or College

Other (please specify)

**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**