



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1206

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The University of West Florida will launch education and training programs to prepare future workforce with essential AI and cybersecurity knowledge and skills that address evolving technology needs. With a focus on employability, the programs will include essential industry certifications and UWF certificates that prepare learners for jobs of the future and document skills and credentials through industry certifications and digital badges. The education and training pathways will focus on emerging job needs across the region, state, and nation, including AI, cybersecurity, and critical infrastructure security.

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	769,600
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>769,600</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)	769,600	24%
<b>Matching Funds</b>		
Federal	2,500,000	76%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>3,269,600</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.**

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



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Yes

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

## 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.

### 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	Executive will provide management and support for all program activities, establish and carry out program goals, policies and procedures, direct and oversee program financial and budgetary activities, communicate with personnel, and appoint and oversee UWF program personnel.	45,150
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	General materials and supplies to support program.	1,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Associate/full professor and instructor will support development and delivery of the education and training programs, curricula, certifications, and credentialing. Coordinator will coordinate all activities, recruitment, communications, meetings, reporting, and other program support tasks.	400,950
Expense/Equipment/Travel/Supplies/Other	Participant support costs: Program includes 5 courses for 30 participants. Courses include Essential Cyber Defenses, CompTIA Security+, Cybersecurity Analyst+, and Penetration Testing.	322,500
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>769,600</b>



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#### 14. Program Performance

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

Advance AI and cybersecurity workforce development across Northwest Florida and State by:

- Establishing scalable accelerated workforce development pathways to increase the number of qualified AI and cybersecurity professionals
- Delivering skills-based training programs and industry certifications to prepare learners for emerging AI and cybersecurity work roles
- Developing a Florida Employers Network to connect graduates with employers and jobs across the state

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

The program will provide education, training, industry certifications, and career professional development to help individuals prepare for and launch successful careers.

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

Education, training, career preparation, industry certifications, and professional development.

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

All Florida residents, including veterans, military spouses, high school students, university/college students, economically disadvantaged persons, jobless persons, and the general public.  
450 individuals 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?

The program will provide essential knowledge, skills, and industry certifications on cutting-edge technologies. Number of participants trained, courses, industry certifications, and events.  
The program will also increase cybersecurity awareness and education among Florida residents thus reducing potential cyber-attacks and vulnerabilities.

##### 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?

Failure to meet deliverables will result in a return of funds to administering agency.

#### 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)



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- Non Profit 501(c)(4)
- Local Entity
- 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**