



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1801

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

North Florida College received approval from the Legislature to use local funds to construct a new multi-purpose workforce education. This funding request is for instructional equipment for a new welding program that will be offered from the Madison campus.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	400,000	100%

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

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?

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



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HEERF Funds - used for emergency financial aid grants to students. Funds also used for safety of students and to advance College capabilities to offer online education.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Instructional welding equipment and necessary equipment for 20 student working stations.	400,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		400,000

12. Program Performance

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

Training students for a career in welding.

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

Installation of equipment to provide instruction.

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

Direct instructional services to students at North Florida College.

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

College students are the target population. Approximately 20 FTE students will be serviced per year with this equipment. North Florida College services a six-county area (Jefferson, Taylor, Madison, Hamilton, Suwannee, and Lafayette counties).

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

This program will provide the College service area students with credentials for high-wage earning jobs. This program will also fill a high-demand field for employers in the College service area.

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?

None

13. 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.



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N/A



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14. Requestor Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

15. 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)

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

16. Lobbyist Contact Information

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