



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1535

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This program is focused on growing the talent pipeline for Brevard County, Florida manufacturers through skills-based training with a focus on attainment of industry certifications for individuals and increased awareness of the high-wage career opportunities within the ever-expanding defense, space and aerospace industry located on the Space Coast.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>350,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	85%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	60,000	15%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>410,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	350,000	2245A	No

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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## 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

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		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	Program execution and oversight.	80,000
Expense/Equipment/Travel/Supplies/ Other	Image and Attraction Campaign and Talent Recruitment Campaign. Provide scholarships for industry certifications and skills training, Career exposure and work experience, and Manufacturing Career Awareness Programs.	192,000
Consultants/Contracted Services/Study	Promote Manufacturing and Skills Training in region - Industry Expert consultant. Marketing Consultant. Web Site Maintenance / Management / Enhancements.	78,000
<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>350,000</b>

### 14. Program Performance

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

This program strengthens the competitiveness of our local manufacturers by increasing the supply of skilled labor within our county. Finding qualified talent with the right skills, in particular, "middle-skilled" jobs is difficult for companies. By working together with our industry leaders, we will identify skills needed for open positions and align training opportunities for local talent. This will lead to increased access to high-wage, high-tech careers for our citizens; with a focus on veterans, military families, under-employed and unemployed individuals.

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



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Coordinate with local partners and industry to identify current needs and resources. We will focus on: increasing access to entry level skills-based training for manufacturing positions; matching veterans' existing skills with local demand; promotion of open positions to targeted audiences, educating students on opportunities available within the manufacturing sector; and support local hiring events. Collaborate with partners and businesses to provide information on Apprenticeship opportunities.

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

Access to scholarships for skills-based training with attainment of industry certifications that align with existing industry needs and pathways to career advancement for personal prosperity.

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

Unemployed, under-employed, veterans, ex-offenders, individuals in career transition/seeking career enhancement, non-college bound youth, GED students, incumbent manufacturing workers. A minimum of 40 individuals will be provided access to skills-based training leading to career advancement.

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

To create a talent pipeline that addresses the needs of local industry, while also providing career advancement for individuals to succeed in a high-wage, high-tech industry. Quarterly performance reports on individuals served, employment referrals and outreach efforts.

**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?**

The appropriation will be a cost reimbursement grant in which the penalty for non performance would be no payment.

**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