

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2890

2,000,000

1.	Project Title	East Mims Innovation Lab	os @ Cuyle	School		
2.	Senate Sponsor	Tom Wright				
3.	Date of Request	03/07/2023				
4.	Project/Program Des	cription				
	The vision of East Mims Innovation Labs @ Cuyler School is to be a multi-function STEM training facility. We propose expanding our 5-12 grade educational support services by adding workforce training in this new facility. Our services will remain focused on STEM-based training that prepares North Brevard residents for high-paying, rewarding careers in the local aerospace and manufacturing industries.  Strong partnerships with Kennedy Space Center, CareerSource Brevard, Eastern Florida State College, and aerospace/manufacturing industry leaders also help us not only provide adult learners with new STEM Skills but also connect them to career opportunities and/or further education to reach their goals.  The facility will also provide space for lease to other support organizations which have not had a presence in North Brevard. Bringing necessary supportive services into North Brevard is vitally important in recovering from COVID-related job losses and other financial insecurity.					
5.	State Agency to rece	ive requested funds	Departme	nt of Education		
	State Agency contacted? No					
6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024						
	Type of Funding			Amount		
	Operations			50	0,000	
	Fixed Capital Outlay			1,50	0,000	

### 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)	2,000,000	97%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	70,000	3%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	2,070,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

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9.	ıs	tuture	tundina	likely to	be	requested?

**Total State Funds Requested** 

No

No

a. If yes, indicate nonrecurring amount per year.

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



management program.

11. Status of Construction

No

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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.

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

We have received HUD Community Development Block Grant Coronavirus program funding of \$300,000 from Brevard County to support our K-12 STEM training academy and a new case

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ne project?			
Construction			
.e permitted)?	No		
e of construction?	6/1/2023		
ion date of construction?	1/1/2024		
receive, directly or indirectly s of the facility and the entity	y, any fixed capital o y.	outlay funding. Inc	lude the
ard County School Board. Tool st right of refusal to either pure	ey Community Developments	opment Group curre	ently has a long- e lease term.
ate funds will be expended			
	Description		Amount
Executive Director, Karen Too	ley Curry @25% (no	fringe)	21,250
			0
			0
			0
Full time positions with 10% fr Others wont be needed until the estimated at 1/2 the year. FT Program Coordinator FT Admissions Coordinator 2 FT STEM Teachers	inge. Coordinator wor ne building is complet	rks a full year. te so they are	151,200
admin offices, and a co-working	ssary equipment to se	et up training labs, oringing vital	111,667
services into North Brevard.			
	Construction  e permitted)?  e of construction?  ion date of construction?  receive, directly or indirectly of the facility and the entity and the entity and county School Board. Tool at right of refusal to either pure attended will be expended  Executive Director, Karen Tool Executive Director, Karen Tool Content of the pure attended at 1/2 the year. FT Program Coordinator FT Admissions Coordinator 2 FT STEM Teachers  Equipment - includes all neces admin offices, and a co-working the program of the pure attended at 1/2 the year.	Construction  e permitted)?  e of construction?  fon date of construction?  fon date of construction?  for deed at the facility and the entity.  for definity and the entity.  for definition of the facility and the entity.  for d	Construction  Le permitted)?  Le of construction?  Le of construction?



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Construction/Renovation/Land/ Planning Engineering	Cost for full renovation of the Cuyler Building Phases I & II plus a contingency of \$215K for unforeseen expenses associated with the age of the building.	1,715,883
Total State Funds Requested (must equal total from question #6)		

### 14. Program Performance

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

The funds will support establishing a STEM training facility in an underutilized county building in East Mims. The project will address three public needs (1) East Mims has the lowest graduation rates in the county. This project seeks to reverse that. (2) The space coast has a deficit of STEM workers to support the aerospace and manufacturing industries. This project will help develop more STEM talent. (3) North Brevard has a dearth of supportive services. Our facility will provide space for more services in the community to support families still impacted by COVID job losses and financial insecurity.

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

Activities will include STEM workforce training programs, a Summer STEM Academy for grades 5-12, and year round academic tutoring and adult learning classes.

Services will include counseling, senior support, a health clinic, entrepreneur support, and others services provided by agencies that will locate in the building to offer services in North Brevard.

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

Workforce training programs; Social Services Program; Education Support programs (grades 5th - 12th grades) Behavioral Counseling; A Health Clinic; Entrepreneur/Small Business Support

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

The target population is North Brevard County. There are no good ways to estimate the number of families to be served since no program like this has existed in North Brevard. However, according the Titusville Chamber of Commerce website, the North Brevard "trade area" is a 200 sq. mile area, located north of SR 528 to the Volusia county line. The population is roughly 150,000.

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

A few of the outcomes expected are (1) Lower unemployment rates in East Mims [measured by: county workforce data and program completion and placement data]; (2) higher rates of entry into Eastern Florida State College degree classes through our program acting as a "feeder" [measured by program completion and placement data] (3) a higher rate of minority engagement and employment at Kennedy Space Center [evidenced by KSC employment data] (4) higher high school/high school equivalency completion rates through our GED programs [measured by: program completion and placement data] (5) families having access to supportive services they need

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?

Non-renewal or shortening of contract term after failure to perform.	

15	. Rec	ıuester	Contact	Information
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a. First Name	Karen	Last Name	Curry
b. Organization	Tooley Community Development Group		
c. E-mail Address	kcurry@tooleycdg.org		
d. Phone Number	(941)462-9786	Ext.	

#### 16. Recipient Contact Information



17.

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a. Organization	Tooley C	ommunity Develo	pment Grou	p			
b. Municipality and	d County	Brevard					
c. Organization Ty	c. Organization Type						
□For Profit Entity							
☑Non Profit 501(c	:)(3)						
□Non Profit 501(c	:)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Karen		Last Name	Curry			
e. E-mail Address	kcurry@t	ooleycdg.org					
f. Phone Number	(321)225	-4251					
Lobbyist Contact Information							
a. Name	None						
b. Firm Name	None						
c. E-mail Address							
d Phone Number							