



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1056

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds requested will be used for the renovation, expansion, and modernization of the Allied Health facilities. The Allied Health facilities project will allow for additional students to receive nursing and healthcare related degrees and certificates, increased students stations, improved utilization of space, and an increased preparedness for the College and our students to participate in the STEM-related workforce.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	4,400,783
Total State Funds Requested	4,400,783

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	4,400,783	88%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	600,000	12%
Total Project Costs for Fiscal Year 2025-2026	5,000,783	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	2,800,000	17	Yes

9. Is future-year 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.

Without state funding, the college will fund the renovation and expansion, but this will significantly delay the project completion. The college received \$600,000 in private philanthropic funds to begin design of the project last year. FSCJ will continue to seek philanthropic funding for this project.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. 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)?

Yes

c. What is the estimated start date of construction?

10/01/2025

d. What is the estimated completion date of construction?

10/01/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

FSCJ will be responsible for the ongoing operations and maintenance of the facility.

11. 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.

FSCJ will be the owner of the facility.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The project includes renovation, remodel, and expansion of the Allied Health facilities at FSCJ's North Campus. Upgrades will be made to the labs, simulation lab, student work stations, and other support facilities. Funds will be used for planning, architecture, engineering, surveys, permitting/environmental fees, and construction.	4,400,783
Total State Funds Requested (must equal total from question #6)		4,400,783

13. Program Performance

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



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

The services to be provided are related to the design and construction/renovation costs for the Allied Health facilities.

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

Upgrading the Allied Health facilities will allow for FSCJ to continue to provide high quality instruction to students. Modernizing and expanding the facilities will allow for FSCJ to increase the number of nursing and allied health students and place those graduates in local healthcare institutions, therefore, contributing to the overall improvement of healthcare services in the NE Florida area.

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

The targeted populations to be served are jobless persons and college students. For Fall 2024, over 1,000 students were enrolled in Allied Health programs at North Campus, with 46% in nursing and 54% in other health care-related programs.

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

Renovation and expansion of the Allied Health facilities will allow FSCJ to increase the number of nursing and healthcare related students and graduates. Modernization of the facilities, including the simulation lab, nursing labs, and classroom space will have a positive impact on the quality of healthcare instruction provided by the College. Allied Health Programs at FSCJ's North Campus include nursing, occupational therapy, respiratory, radiography, medical assisting, cardiovascular technology, physical therapy, histology, surgical technician, pharmacy technician, health information management, EMS, and dental assisting. The benefit will be measured by the increase in enrollment and graduation rates of students in these areas.

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 in the contract?

If FSCJ is unable to complete the project, funds will be reverted back to the agency.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply



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a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. 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 Ext.



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19. Lobbyist Contact Information

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

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.