



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2243

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Funding is needed to repair the nearly 25-year-old roof of North Central Florida's first high-tech incubator, which was further damaged by Hurricane Helene in September 2024, causing flooding and water damage. This funding is for critical roofing and weatherization repairs. The center currently hosts 16 businesses and supports local entrepreneurs while strengthening the economy through workforce training, industry certification exams, and community events like job fairs. It serves residents from Alachua, Bradford, Clay, Gilchrist, Levy, Marion, Putnam, & Union Counties.

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	1,025,000
<b>Total State Funds Requested</b>	<b>1,025,000</b>

**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)	1,025,000	16%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	5,500,000	84%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>6,525,000</b>	<b>100%</b>

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		

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.**

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2243

**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?** 08/01/2025

**d. What is the estimated completion date of construction?** 08/01/2026

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

Local revenues

**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.**

City of Gainesville

**12. 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</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	\$525,000 to replace the roof \$500,000 to restore/weatherize the building envelope	1,025,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,025,000</b>

**13. Program Performance**

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

These upgrades will expand capacity, improve functionality, and strengthen the facility's impact on small business growth and revitalization of an under-served economic area.

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

To enhance its role as a hub for economic development, the community seeks funding for critical roofing and weatherization repairs ahead of planned renovations to optimize the facility.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

**LFIR # 2243**

Business incubator - a space where startups and entrepreneurs can develop and grow their business; Workforce trainings - programs to enhance skills and employability in various industries, tailored to community needs; Certification exams-access to certification programs that validate skills and improve job prospects for participants; and Community events - job fairs and other gatherings.

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

Residents within 50 miles of the Training, Entrepreneurship, & Community Center (Alachua, Bradford, Clay, Gilchrist, Levy, Marion, Putnam, and Union Counties), including minority-owned and community-focused businesses. At capacity, we could have as many as 80 employees in the building, plus additional employees incubating companies employ outside the facility. Events at the Community Center could serve 4,000 people or more every year (80 people x 50 weeks a year = 4,000).

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

Expanding the capacity of the community's small, local businesses by proper maintenance, increasing job from newer businesses graduating from the incubation stage/job fairs, and empowering more business owners via trainings and certification exams. Metrics to be tracked: number of companies started/served/graduated; number of total employees; number of full-time and part-time jobs create; amount of private investment; amount of public investment; number of events hosted; number of event participants.

**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?**

We are confident that we will meet the stated outcomes and deliverables. No penalties are suggested.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No  Yes

**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):**

Hurricane Helene in 2024

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

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

**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)?**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2243

- 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.

#### 19. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address



# The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 2243

d. Phone Number

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