



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2605

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal of this project is to provide multi-use classroom-type space conveniently located for students primarily in nursing and related healthcare programs, and students in natural sciences fields, although use will be available for all college departments. By making the educational process easier for students, it is anticipated that enrollment and success measures will increase

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	8,760,000
<b>Total State Funds Requested</b>	<b>8,760,000</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)	8,760,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>8,760,000</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**



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**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)?**

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

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

**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.**

**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	Includes base construction cost of \$7,095,600, and other costs including architect and engineering fees, inspection services, testing and surveying, permitting, and furniture and equipment, totaling \$1,664,400, for a total project cost of \$8,760,000.	8,760,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>8,760,000</b>

**13. Program Performance**

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

The goal of this project is to provide multi-use classroom-type space conveniently located for students primarily in nursing and related healthcare programs, and students in natural sciences fields, although use will be available for all college departments. By making the educational process easier for students, it is anticipated that enrollment and success measures will increase.

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



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Expansion of nursing, other healthcare, and related natural sciences programs such as anatomy and physiology will allow for additional student educational opportunities for high school graduates as well as returning students and will aid in providing needed and trained graduates to the healthcare providers and patients in the service district.

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

Easier access to healthcare services will be available to citizens as a result of this project. Over the next 10 years, the college expects to train an additional 900 healthcare workers for the community.

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

The targeted population is students interested in a career in the field of healthcare. Over the next 10 years, the college expects to train an additional 900 healthcare workers for the community.

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

Improved access to healthcare services for all members of the community is the expected benefit and outcome of this project. Outcomes could be measured by government workforce and medical regulatory agencies.

**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?**

Return of funds.

**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

**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



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- 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**

**d. Phone Number**



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