

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

**LFIR # 2824** 

| 1. Project Title   | Florida State Univ   | versity - Veterans   | Legacy Complex  |  |  |
|--|--|--|---|--|--|
| 2. Senate Sponsor  | Bryan Avila  |  |   |  |  |
| 3. Date of Request   | 2/25/2025  |  |   |  |  |
| 4. Project/Program D   | escription   |  |   |  |  |
| Florida State, with it be used for the cons Florida State's milita   | ts veteran-rich herita<br>struction of a 56,028<br>ary-related initiatives<br>xperience) into a dist   | ge and national re<br>square foot Veter<br>(Student Veteran                      | e nation is elevated by eputation for student su rans Legacy Complex (s Center, Army & Air Foand inspirational facility | pport and success<br>VLC) which will co<br>orce ROTC, and th | . Requested funds will nsolidate and amplify ne Institute on World War |
| 5. State Agency to re  | ceive requested fur  | nds Board o  | f Governors   |  |  |
| State Agency conta   | acted? No  |  |   |  |  |
| 6. Amount of the Non   | recurring Request t  | for Fiscal Year 20   | 025-2026  |  |  |
| Type of Funding  | Todaring Request   | or risoar rear z   | Amoi  | ınt  | ]  |
| Operating  |  |  | Amo   | 0  |  |
| Fixed Capital Outlay   | V  |  |   | 24,000,000   |  |
| Total State Funds  |  |  |   | 24,000,000   | 1  |
| 7. Total Project Cost  | for Fiscal Year 2025   | 5-2026 (including  | matching funds avai   | lable for this proj  | ect)   |
|  |  |  |   |  | _  |
| Type of Funding  |  |  | Amount  | Percentage   |  |
| 7.   | Requested (from ques   | stion #6)  | Amount 24,000,000   | Percentage<br>100%   |  |
| Total State Funds R Matching Funds   | Requested (from ques   | stion #6)  |   | 100%   |  |
| Total State Funds R Matching Funds Federal   |  |  | 24,000,000  | 100%   |  |
| Total State Funds R Matching Funds Federal State (excluding the  | Requested (from quested)   |  | 24,000,000  | 100%<br>0%<br>0%   |  |
| Total State Funds R Matching Funds Federal State (excluding the Local  |  |  | 24,000,000<br>0<br>0  | 100%<br>0%<br>0%<br>0%                                       |  |
| Total State Funds R Matching Funds Federal State (excluding the Local Other  | amount of this requ  | est)   | 24,000,000<br>0<br>0<br>0   | 100%<br>0%<br>0%<br>0%<br>0%                                 |  |
| Total State Funds R Matching Funds Federal State (excluding the Local Other  |  | est)   | 24,000,000<br>0<br>0  | 100%<br>0%<br>0%<br>0%                                       |  |
| Total State Funds R  Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pr If yes, provide the   | s for Fiscal Year 202<br>eviously received s<br>most recent instance   | est)  25-2026  tate funding? ce:   | 24,000,000<br>0<br>0<br>0<br>24,000,000<br>Yes  | 100%  0% 0% 0% 0% 100%                                       |  |
| Total State Funds R  Matching Funds  Federal  State (excluding the Local Other  Total Project Costs  8. Has this project pr If yes, provide the  | e amount of this requests for Fiscal Year 202<br>eviously received s<br>most recent instance   | est)  25-2026  tate funding? ce:   | 24,000,000  0 0 0 24,000,000  Yes  Specific   | 100%<br>0%<br>0%<br>0%<br>0%                                 |  |
| Total State Funds R  Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pr If yes, provide the  Fiscal Year (уууу-уу)  | e amount of this requests for Fiscal Year 202 eviously received sometimes are continuated.  Amore Recurring  | est)  25-2026  tate funding? ce: unt Nonrecurring                                | 24,000,000  0 0 0 24,000,000  Yes  Specific Appropriation #   | 100%  0% 0% 0% 0% 100%                                       |  |
| Total State Funds R  Matching Funds  Federal  State (excluding the Local Other  Total Project Costs  8. Has this project pr If yes, provide the  | s for Fiscal Year 202 eviously received s most recent instance  Amo Recurring  | est)  25-2026  tate funding? ce: unt Nonrecurring 7,500,00                       | 24,000,000  0 0 0 24,000,000  Yes  Specific Appropriation #   | 100%  0% 0% 0% 0% 100%                                       |  |
| Total State Funds R  Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pr If yes, provide the  Fiscal Year (yyyy-yy) 2024-25  9. Is future-year fund                                | s for Fiscal Year 202 eviously received s most recent instance  Amo Recurring  | est)  25-2026  tate funding? ce: unt Nonrecurring 7,500,00                       | 24,000,000  0 0 0 24,000,000  Yes  Specific Appropriation # 0 18  | 100%  0% 0% 0% 0% 100%                                       |  |
| Total State Funds R  Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pr If yes, provide the  Fiscal Year (yyyy-yy) 2024-25  9. Is future-year fund a. If yes, indicate researched | e amount of this requests for Fiscal Year 202 eviously received somost recent instance  Amo Recurring 0 ing likely to be requested to the requested of the requ | est)  25-2026  tate funding? ce: unt Nonrecurring 7,500,00  uested? nt per year. | 24,000,000  0 0 0 24,000,000  Yes  Specific Appropriation # 0 18  | 100%  0% 0% 0% 0% 100%                                       |  |



10. Status of Construction

13. Program Performance

Planning

a. What is the current phase of the project?

O Design

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?

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N/A

No

07/01/2025

06/30/2027

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

Construction

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

| utilities, building services, etc. Ma forward funding when appropriate 11. List the owners of the facility t | used to fund the normal operations of the facility, such as an intenance will be funded from reserves as required by law, carry e, and deferred maintenance appropriations when provided.  o receive, directly or indirectly, any fixed capital outlay funding. Inc.         | clude the  |
|--|--|------------|
| •  | ers of the facility and the entity.  |            |
| Florida State University is a pub  | iic state university.  |            |
| 12. Details on how the requested s   | tate 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/<br>Other  |  | 0          |
| Consultants/Contracted<br>Services/Study   |  | 0          |
| <b>Operational Costs</b>   |  |            |
| Salary and Benefits  |  | 0          |
| Expense/Equipment/Travel/Supplies/<br>Other  |  | 0          |
| Consultants/Contracted<br>Services/Study   |  | 0          |
| Fixed Capital Construction/Majo  | or Renovation:   |            |
| Construction/Renovation/Land/<br>Planning Engineering  | Funds will be used to complete the construction of the Veterans Legacy Complex. When completed, the building will house administrative, educational, and meeting space distributed over four floors to support student veterans, active-duty service members, and personnel. | 24,000,000 |
| <b>Total State Funds Requested (m</b>  | nust equal total from question #6)   | 24,000,000 |

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



□ No

□ No, but intends to apply

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

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FSU is seeking funds to complete funding for the construction of the 56,028 square foot Veterans Legacy Complex to

| F<br>n                | consolidate three existing programs (Student Veterans Center, World War II Institute, and FSU Army and Air Force (ROTC), which recurrently house in separate locations across the main campus of FSU. This new facility will provide eeded services and support for service members and student veterans and provide a focal point for their activities on the FSU campus.   |
|-----------------------|--|
| b                     | . What activities and services will be provided to meet the intended purpose of these funds?   |
| l                     | University officials will use funds for the purpose of constructing the FSU Veterans Legacy Complex.   |
| C.                    | What direct services will be provided to citizens by the appropriation project?  |
| a                     | This complex will co-locate three separate standalone but related university programs. The three programs are the student Veterans Center, the World War II Institute, and the FSU Army and Air Force ROTC programs/ This complex willow FSU to better address the unique academic, social, and compliance issues concerning student veterans and active nilitary student population, while also elevating these students' contributions.  |
| d                     | . Who is the target population served by this project? How many individuals are expected to be served?   |
|                       | The target populations are FSU's 45,000-member student body, particularly students who are veterans or active-duty nilitary.   |
|                       | . What is the expected benefit or outcome of this project? What is the methodology by which this outcome will e measured?  |
| a<br>V<br>d<br>p<br>c | The Veterans Legacy Complex will improve the quality of education at FSU and the quality of life for student veterans and students who are active-duty military. FSU's commitment to veterans is integral to the mission of this project. The veterans Legacy Complex will better address the unique veteran and military students' unique needs, including leployment, re-enrollment, and the physical and mental concerns impacting student veterans. Additional services rovided will help current and former military students to complete their degrees in a timely manner. This support and ommitment to our student veterans will increase our student retention and graduation rates, thereby generating a greate eturn for state taxpayers. |
| f.                    | What are the suggested penalties that the contracting agency may consider in addition to its standard penaltie   |
| fc                    | or failing to meet deliverables or performance measures provided for in the contract?  |
| ı                     | Revert state appropriation and withhold future funding for this initiative.  |
| 14. Is                | this project related to mitigation, response, or recovery from a natural disaster? No  |
| a. I                  | f 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 infastructure)   |
| <b>b.</b> 1           | Name of the natural disaster (or Executive Order # for events not under a federal declaration):  |
|                       |  |
| 15. H                 | as the entity applied for or received federal assistance for this project?   |
|                       | Yes, Applied   |
|                       | Yes, Received  |
| _                     |  |



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| a. If yes, provide th             | e FEMA project v   | worksheet ID#:      |                    |                 |                      |
|-----------------------------------|--------------------|---------------------|--------------------|-----------------|----------------------|
| b. Provide the total              | project cost liste | ed on the FEMA pro  | oject worksheet:   |                 |                      |
| 6. Has the entity app             | lied for or receiv | ed state assistance | e for this project | (other than thi | s request)?          |
| ☐ Yes, Applied                    |                    |                     |                    |                 |                      |
| ☐ Yes, Received                   |                    |                     |                    |                 |                      |
| □ No                              |                    |                     |                    |                 |                      |
| ☐ No, but intends to              | o apply            |                     |                    |                 |                      |
| a. If yes, specify the Commerce): | e program and st   | tate agency (ex. Lo | cal Government     | Emergency Br    | idge Loan, Departmen |
|                                   |                    |                     |                    |                 |                      |
| 7. Requester Contact              | t Information      |                     |                    |                 |                      |
| a. First Name                     | Lina               | Last Name           | Rojas              |                 |                      |
| b. Organization                   | Florida State Uni  |                     |                    |                 |                      |
| c. E-mail Address                 | lina.rojas@fsu.ed  | du                  |                    |                 |                      |
| d. Phone Number                   | (305)301-8407      | Ex                  | t.                 |                 |                      |
| 8. Recipient Contact              | Information        |                     |                    |                 |                      |
| a. Organization                   | Florida State Uni  | iversity            |                    |                 |                      |
| b. Municipality and               | d County Leon      |                     |                    |                 |                      |
| c. Organization Ty                | pe                 |                     |                    |                 |                      |
| □For Profit Entity                |                    |                     |                    |                 |                      |
| □Non Profit 501(d                 | :)(3)              |                     |                    |                 |                      |
| □Non Profit 501(d                 | ;)(4)              |                     |                    |                 |                      |
| □Local Entity                     |                    |                     |                    |                 |                      |
| ☑University or Co                 | llege              |                     |                    |                 |                      |
| □Other (please sp                 | pecify)            |                     |                    |                 |                      |
| d. First Name                     | Clay               | Last Name           | e Ingram           |                 |                      |
| e. E-mail Address                 |                    |                     |                    |                 |                      |

Ext.

**f. Phone Number** (850)393-6794



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

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| 19. Lobbyist Conta | ct Information |
|--------------------|----------------|
|--------------------|----------------|

| a. Name           | Amanda Stewart                                |  |
|-------------------|---|--|
| b. Firm Name      | Johnston & Stewart Government Strategies, LLC |  |
| c. E-mail Address | amanda@johnstonstewart.com                    |  |
| d. Phone Number   | (813)345-4104                                 |  |

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