

LFIR # 3404

1. Project Title	Mack King Carte	er Legacy Center	of Excellence		
0. Canata Chanan	Decalinal Occurs	-1			
2. Senate Sponsor	Rosalind Osgood	a			
3. Date of Request	3/14/2025				
4. Project/Program De	scription				
accordance with Flor	ida Memorial Univ	ersity's degree pro	s an academic and com ograms related to religion and administration of the	on and philosophy.	earch and education in The funds received will
5. State Agency to rec	eive requested fu	ınds Depart	ment of Education		
State Agency contact	cted? No	•			
6. Amount of the Nonre	ecurring Request	for Fiscal Year 2	2025-2026		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay				1,000,000	1
Total State Funds R	equested			1,000,000	
7. Total Project Cost fo	or Fiscal Year 202	5-2026 (includin	g matching funds ava	ilable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds Re	quested (from que	estion #6)	1,000,000	100%	
Matching Funds			_		
Federal			0	0%	
State (excluding the a	amount of this requ	uest)	0	0%	
Local			0	0%	
Other			0	0%	
Total Project Costs	for Fiscal Year 20	025-2026	1,000,000	100%	
8. Has this project pre If yes, provide the n	•	•	No		
Fiscal Year (уууу-уу)	Ame Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed	
(333333)	Recuiring	Nomecuring			
9. Is future-year fundir	ng likely to be req	uested?	Yes		
a. If yes, indicate no	nrecurring amou	ınt per year.	1,000,000		
b. Describe the sou	rce of funding tha	at can be used ir	n lieu of state funding.		
N/A					
					_

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?	
	A
b. Is the project "shovel ready" (i.e permitted)?	Yes
c. What is the estimated start date of construction?	07/01/2026
d. What is the estimated completion date of construction?	07/01/2028
e. What funding stream will be used for ongoing operations	and maintenance of the project?
The project will be supported and maintained by utilizing state revenue reinvestments.	revenue, private funding, and
11. List the owners of the facility to receive, directly or indirec relationship between the owners of the facility and the enti	
Florida Memorial University	

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Planning, design, and engineering of the Mack King Carter Legacy Center of Excellence at Florida Memorial University. Other: Administrative Costs Associated with this project - initiating, planning, executing, monitoring, controlling, and closing project, manage the project budget, ensuring tasks are completed on time, within budget, and to the desired quality standards.	1,000,000
Total State Funds Requested (m	ust equal total from question #6)	1,000,000

13. Program Performance

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

The funds requested for the Mack King Carter Legacy Center of Excellence will be used to develop and maintain the center as an academic and community hub for research and education in alignment with the University's degree programs related to religion and philosophy. The funding will support project planning, design, engineering, and administration of the project.

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



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General programming including academic and research initiatives, community engagement and infrastructure development. c. What direct services will be provided to citizens by the appropriation project? The Center will serve as a location for community learning programs, research and academic support, the preservation of religious heritage, and workforce and leadership development. d. Who is the target population served by this project? How many individuals are expected to be served? This project will serve the general population to include the student body of the University and all of South Florida. e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? Increase or improve educational and workforce activity, increased access to religious and philosophical history and education, improved quality of education. Outcomes will be measured by utilizing data collected by the museum and the appropriate local and state 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? If there is a performance deficiency requiring correction by the University, the Agency will notify the University, and the University will provide the Agency with a corrective action plan describing how the University will address performance deficiencies. 14. Is this project related to mitigation, response, or recovery from a natural disaster? No 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 infastructure) 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)?



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☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
a. If yes, specify th	e program	and state ager	ncv (ex. Loca	al Governmen	t Emergenc
Commerce):					
17. Requester Contact	t Informati	ion			
a. First Name	William		Last Name	McCormick	
b. Organization	Florida M	emorial Universi	ity		
c. E-mail Address	william.m	ccormick@fmui\	v.edu		
d. Phone Number	(626)626	-3955	Ext.		
c. Organization Ty □For Profit Entity □Non Profit 501(c) □Non Profit 501(c) □Local Entity □University or Co	s)(3) s)(4)				
□Other (please sp	pecify)				
d. First Name	Tammy		Last Name	Hamlet	
e. E-mail Address	Tammy.h	amlet@fmuniv.e	edu		
f. Phone Number	(305)626	-3955	Ext.		
19. Lobbyist Contact I	nformatio	n			
a. Name	Yolanda	Cash Jackson			
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.