

**LFIR # 3471** 

1.	1. Project Title University of Florida/IFAS - Agricultural Technology										
-		Chirtonomy of Free	144711 7 1911	Juite	arar recrimency						
2.	Senate Sponsor	Gayle Harrell									
3.	Date of Request	3/22/2025									
4.	Project/Program De	scription									
	Funding will be used to establish and enhance new and existing degree and training programs in Agricultural Technology in partnership with Florida College System institutions, technical centers, and school districts. This will include funds for infrastructure, equipment, and teacher training.										
5.	State Agency to rec	eive requested fu	<b>nds</b> Boar	d of	Governors						
	State Agency conta	cted? No									
6	Amount of the Nonr	ocurring Poguest	for Eisaal Vaa	r 20	25-2026						
6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026											
	Type of Funding				Amount						
	Operating Fixed Capital Outlay					5,000,000	<u> </u> 				
	Fixed Capital Outlay  Total State Funds Requested					5,000,000					
	Total State Fullus N	tequesteu				5,000,000	J				
7.	Total Project Cost fo	or Fiscal Year 202	5-2026 (includ	ing ı			ect)				
	Type of Funding				Amount	Percentage 100%					
		Total State Funds Requested (from question #6)			5,000,000						
		Matching Funds			2						
	Federal	eral e (excluding the amount of this request)			0	0%	1				
	,	amount of this requ	iest)		0	0%	†				
	Local Other				0	0% 0%	1				
	Total Project Costs	for Fiscal Year 20	25-2026		5,000,000	100%					
8	Has this project pre	viously received	state funding?		No						
٥.	If yes, provide the n	•	•		110						
	n you, provide the	es, provide the most recent instance.					1				
	Fiscal Year	Amo	ount		Specific	Vetoed					
	(уууу-уу)	Recurring	Nonrecurrin	ıg	Appropriation #						
9	Is future-vear fundi	future-year funding likely to be requested?									
٠.	_					]					
	•	If yes, indicate nonrecurring amount per year.  Describe the source of funding that can be used in lieu of state funding.									
	b. Describe the sou	ice or runding tha	it can be used	111 11	eu oi siale iunuing.		7				

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

10. Status of Construction



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O Planning O De	sign Construction N/A							
b is the project "shovel	a le the project "chayel ready" (i a permitted)?							
• •	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	. What funding stream will be used for ongoing operations and maintenance of the project?							
relationship between th	acility to receive, directly or indirectly, any fixed capital or ne owners of the facility and the entity.  ested state funds will be expended	utlay funding. Include the						
Spending Category	Description	Amount						
Administrative Costs:								
Executive Director/Project He Salary and Benefits	ad	C						
Other Salary and Benefits		C						
Expense/Equipment/Travel/S Other	upplies/	C						
Consultants/Contracted Services/Study		C						
<b>Operational Costs</b>								
Salary and Benefits		C						
Expense/Equipment/Travel/S Other	Infrastructure, equipment, and teacher training.	5,000,000						
Consultants/Contracted Services/Study		C						
	Fixed Capital Construction/Major Renovation:							
Construction/Renovation/Lan Planning Engineering	d/	C						
	Total State Funds Requested (must equal total from question #6)							
3. Program Performance a. What specific purpos	se or goal will be achieved by the funds requested?							
Establish and enhance Florida College System	new and existing degree and training programs in Agricultural nstitutions, technical centers, and school districts.	Technology in partnership with						
b. What activities and s	these funds?							
Infrastructure, equipmen	Infrastructure, equipment, and teacher training.							
	:. What direct services will be provided to citizens by the appropriation project?							
New educational opport	unities in agriculture technology.							

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



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Any student seeking educational opportunities in agriculture.								
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcombe measured?								
								Additional educational opportunities for students seeking training and degree in Agricultural Technology.
f. What are the suggested penalties that the contracting agency may consider in addition to its standard penaltier for failing to meet deliverables or performance measures provided for in the contract?								
Return of funding if deliverables not met.								
14. Is this project related to mitigation, response, or recovery from	n a natural disaster? No							
a. If Yes, what phase best describes the project?								
☐ Mitigation (reducing or eliminating potential loss of life or prop	erty)							
□ Response (addressing the immediate and short-term effects of	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	s not under a federal declaration):							
15. Has the entity applied for or received federal assistance for the	is 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 wo	ksheet:							
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 Gove Commerce):	rnment Emergency Bridge Loan, Department of							



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17. Requester Contact Information								
	a. First Name	Dr. Scott		Last Name	Angle			
	b. Organization	UF/IFAS						
	c. E-mail Address	jangle@u						
	d. Phone Number	(352)270	-4010	Ext.				
10	Beginient Centest	Informati						
10.	8. Recipient Contact Information							
	a. Organization	UF/IFAS						
	b. Municipality and	d County	Alachua					
	c. Organization Ty	ре						
	□For Profit Entity							
	□Non Profit 501(c)(3)							
	□Non Profit 501(c)(4)							
	□Local Entity							
	☑University or College							
	□Other (please specify)							
	d. First Name	Dr. Scott		Last Name	Angle			
	e. E-mail Address	jangle@ufl.edu						
	f. Phone Number	(352)270	-4010	Ext.				
19. Lobbyist Contact Information								
	a. Name None							
	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.