



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1766

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The TechForce Academy will serve both law enforcement personnel and the Florida Memorial University Community will bridge the gap between academia and real world practice. This academy will help prepare students, faculty, and law enforcement agencies to stay ahead and fight against cybercrime and provides students with valuable skills and opportunities for future careers in cybersecurity. The TechForce Academy will offer certifications for successful completion of training modules. It will also provide opportunities for ongoing education and skill development for law enforcement personnel at various stages of their careers.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	1,400,000
Fixed Capital Outlay	600,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	80%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	20%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>2,500,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. 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?

12. 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.

### 13. 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	Instructors and cybersecurity experts: \$450,000 (salaries and benefits)	450,000
Other Salary and Benefits	Administrative staff: \$200,000 (salaries and benefits) Security personnel: \$100,000 (salaries and benefits) Support staff: \$150,000 (salaries and benefits)	450,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Guest lecturers and trainers: \$100,000; Curriculum development and instructional materials: \$100,000; Licensing and subscriptions for cyber training software and tools: \$200,000; Cybersecurity textbooks and reference materials: \$50,000; Online course platforms and learning management systems: \$50,000	500,000
<b>Operational Costs: Other</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	Renovation of Classrooms, lecture halls, and training rooms: \$600,000	600,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 14. Program Performance

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



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The TechForce Academy will prepare students, faculty, and law enforcement personnel for careers as Security Consultants, Engineers, Architects and Analysts, Incident Responders, Computer Forensic Experts, Security Software Developers and Auditors, and Chief Information Security Officers. Participants will be prepared to combat the threats that accompany technological advances, and the dangers that come with it, by learning critical thinking and problem-solving skills required to stay ahead.

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

Educational Activities and Academic Instruction

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

Participants will receive preparation, training and certificates for specific law enforcement employment opportunities in targeted industry.

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

The target population to be served is over 800. Service will be provided to grade school students and university/college students.

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

The expected benefit is to improve the quality of education by enhancing cybersecurity skills, advanced investigative techniques, interagency collaboration, adaptation to technological advances, interpersonal and cultural competence, legal and ethical considerations, risk mitigation, incident response preparedness. The methodology will be measured by tracking the number of participants graduating with workforce developed certificates and placed for employment.

**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 the contract?**

Standard penalties will apply

**15. Requester Contact Information**

- a. **First Name**  **Last Name**
- b. **Organization**
- c. **E-mail Address**
- d. **Phone Number**  **Ext.**

**16. 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



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Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**