



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2618

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Convert a former state hospital to provide much-needed workforce training programs, including certifications in natural gas, water, and wastewater training. The revitalization of this corridor will provide new workforce programming to serve the area and offer space as a small business incubator.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	500,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

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

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



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The city is scheduled to receive approximately \$4.4 million from the American Rescue Plan Act. Use of funds will be determined once federal guidance is available.

11. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovation of existing 63,000 square foot building to be able to providing training programs.	500,000
Total State Funds Requested (must equal total from question #6)		500,000

12. Program Performance

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

The conversion of the former state hospital will provide for a critical educational and commercial corridor and represents a major opportunity for re-use as well as a starting point for potential revitalization of the Stewart Street corridor.

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

The City of Milton is in dire need of a local training program to train and certify utility workers in natural gas, water, and wastewater.

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

Growing workforce programming in the area.

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

High school and secondary education students will be able to train and gain certifications in several different programs with over 800 students and faculty expected to be served.

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

Programs provided at this site will facilitate growth of critically needed workforce training programs and allow Milton to grow their own businesses and expand their economy.

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?

Denial of funding and subsequent audit to the extend allowable under Florida law.



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13. 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.

The City of Milton is the owner and entity.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number