

LFIR # 2653

1. Project Title	The East Mims Innovation Lab		
2. Senate Sponsor	Tom Wright		
3. Date of Request	01/26/2022		
4. Project/Program De	scription		
blighted, and in need by the county (2004 mathematics occupa more than 2x other of Pursuant to our compliance as a re-	I of revitalization support as reques & 2019). The U.S. Bureau of Labor tions will outpace growth in other inccupations. munity development mission, Toole esponse to the community's stated	a the county AMI. As a result, the area ted by the community in the latest neighborst statistics project that science, technologistics in the coming 20 years. Average Community Development Group propers, helping to revive the current medical	ghborhood surveys conducted logy, engineering, and age income for STEM fields is oposes the East Mims vide instruction in STEM fields
5. State Agency to rec	eive requested funds Depa	tment of Education	
State Agency conta	cted? No		
6. Amount of the Nonr	ecurring Request for Fiscal Year	2022-2023	
Type of Funding		Amount	
Operations		18	5,000
Fixed Capital Outlay		32	5,000
Total State Funds R	Requested	51	0,000

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)	510,000	94%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	35,000	6%	
Total Project Costs for Fiscal Year 2022-2023	545,000	100%	

8. Has this project previously received state funding?

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

9. Is future funding likely to be requested?

Yes

No

a. If yes, indicate nonrecurring amount per year.

325,000

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



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	There is no other funding that can make this project feasible.	
10). Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic	?
	No	
	If yes, indicate the amount of funds received and what the funds were used for.	

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits Executive Director (Salary - \$65K, Benefits - \$9,750)		74,750			
Other Salary and Benefits	Executive Assistant/Bookkeeper (Salary - \$33K, Benefits - \$3,300)	36,300			
Expense/Equipment/Travel/Supplies/ Other	Expenses, Travel, Contingencies	10,000			
Consultants/Contracted Services/Study		0			
Operational Costs: Other	Operational Costs: Other				
Salary and Benefits	Instructor (Salary - \$35,000, Benefits - \$3,500)	38,500			
Expense/Equipment/Travel/Supplies/ Other	Computers, Perepherals, Internet Accessibility (routers, modems, service)	20,000			
Consultants/Contracted Services/Study	Consultants, Studies	5,450			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering	Demo & Construction	325,000			
Total State Funds Requested (must equal total from question #6) 510,00					

12. Program Performance

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

The funding would support the construction of a STEM Innovation Lab in East Mims. It would also hire a lean staff of 3 to design the lab, oversee the construction, manage the operations, procure additional funding, and support, and provide instruction.

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

Construction of a STEM training center Operation of the learning center Instruction in STEM subjects

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

Direct services will include courses and Instruction in Science, Technology, Engineering and Math delivered via afterschool programs, summer programs, adult technology literacy evening classes, and follow up and job search services.

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

The target population is the people of North Brevard County. Specifically those at or below 120% of the area median income. Services will be focused on, but not limited to, East Mims where the program will be located and where graduation rates and incomes are among the lowest in the County.

The population North Brevard County (Census Tract 601) was 7,092 as of the 2000 Census.



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

Creation of job opportunities - measured by work reports from the construction team, employment records of the organization and completion and placement data

Enhance economic self-sufficiency - measured by graduate tracking and placements

Reduce recidivism & Divert from Juvenile/Criminal Justice systems - as measured by graduate tracking and placements Increase tourism - we believe this program will be a high interest, prototype that other areas will want to benchmark as measured by Innovation Lab tour reports/requests

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?

While our organization intends to not only meet but exceed any performance measures required by the appropriation, in the unlikely event that construction, staffing up, or enrollment is delayed our intention is to provide updated timeline and work toward it with all expediency in the most safe and responsible manner possible.

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 owners of the facility will be Tooley Community Development Group, Inc., a 501c3 organization.



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14.	Requestor Contact	Informati	ion					
	a. First Name	Karen		Last Name	Curry			
	b. Organization	Tooley Community Development Group, Inc.						
	c. E-mail Address	kcurry@tooleycdg.org						
	d. Phone Number	(000)000-	(000)000-0000 Ext.					
15.	Recipient Contact	Informatio	on					
	a. Organization	Tooley Co	ommunity Develo	opment Grou	p, Inc.			
	b. Municipality and	l County	Brevard					
	c. Organization Typ	эе						
	□For Profit Entity							
	☑Non Profit 501(c	it 501(c)(3)						
	□Non Profit 501(c	c)(4)						
	□Local Entity							
	□University or Co	College						
	□Other (please specify)							
	d. First Name	Karen		Last Name	Curry			
	e. E-mail Address	kcurry@tooleycdg.org						
	f. Phone Number	(000)000-0000						
16.	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address	\$						
	d. Phone Number							