

### The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 1540** 

Local Other Total Project Costs  B. Has this project pro Fiscal Year (уууу-уу)  D. Is future funding lil a. If yes, indicate n	amount of this reques s for Fiscal Year 2024 eviously received sta  Amour Recurring kely to be requested? conrecurring amount	te funding?  nt  Nonrecurring  per year.	0 0 3,000,000 13,395,788  No Specific Appropriation #	0% 0% 22% 100%  Vetoed	
Federal State (excluding the Local Other Total Project Costs  B. Has this project pro Fiscal Year (уууу-уу)  D. Is future funding lile	s for Fiscal Year 2024 eviously received sta  Amour Recurring  kely to be requested?	te funding?  Int  Nonrecurring	0 3,000,000 13,395,788 No Specific Appropriation #	0% 0% 22% <b>100%</b>	
Federal State (excluding the Local Other Total Project Costs  B. Has this project pro Fiscal Year (уууу-уу)  D. Is future funding lile	s for Fiscal Year 2024 eviously received sta  Amour Recurring  kely to be requested?	te funding?  Int  Nonrecurring	0 3,000,000 13,395,788 No Specific Appropriation #	0% 0% 22% <b>100%</b>	
Federal State (excluding the Local Other Total Project Costs  B. Has this project pro Fiscal Year (уууу-уу)	s for Fiscal Year 2024 eviously received sta Amour Recurring	-2025 Ite funding? Int Nonrecurring	0 3,000,000 13,395,788 No Specific Appropriation #	0% 0% 22% <b>100%</b>	
Federal State (excluding the Local Other Total Project Costs  B. Has this project pro	s for Fiscal Year 2024 eviously received sta Amour	-2025 ite funding?	0 0 3,000,000 13,395,788 No	0% 0% 22% <b>100%</b>	
Federal State (excluding the Local Other Total Project Costs  B. Has this project pro	s for Fiscal Year 2024 eviously received sta Amour	-2025 ite funding?	0 0 3,000,000 13,395,788 No	0% 0% 22% <b>100%</b>	
Federal State (excluding the Local Other Total Project Costs  Has this project pro	s for Fiscal Year 2024 eviously received sta	-2025 te funding?	0 0 3,000,000 13,395,788 No	0% 0% 22% <b>100%</b>	
Federal State (excluding the Local Other Total Project Costs	s for Fiscal Year 2024	-2025	0 3,000,000 13,395,788	0% 0% 22%	
Federal State (excluding the Local Other	·		0 0 3,000,000	0% 0% 22%	
Federal State (excluding the Local Other	·		0 0 3,000,000	0% 0% 22%	
Federal State (excluding the Local	amount of this reques	it)	0	0% 0%	
Federal State (excluding the	amount of this reques	t)		0%	
			0	0%	
Matching Funds					
	, , ,	, ,	, , -		
	equested (from question	on #6)	10,395,788	78%	
Type of Funding			Amount	Percentage	
Operations Fixed Capital Outlay Total State Funds	Requested	2025 (including	matching funds avail	0 10,395,788 <b>10,395,788</b>	ect)
Type of Funding			Amou	unt	
. Amount of the Non	recurring Request for	r Fiscal Year 20	024-2025		
5. State Agency to red State Agency conta	ceive requested fund acted? No	<b>s</b> Departm	nent of Education		
•					
campus. We are recand Teacher Education community to support remodel. Teacher Enew building, remodel.	questing funding to rem tion. This building will a ort students' scope of c ducation and a shared	nodel this buildir allow the Physic linical experienc computer testir er money, provice	ng for Health Science P cal Therapy Assisting proces. Radiography will in the lab will round out the	rograms (Physical rogram to operate a crease their student building program.	nt capacity through this
1. Project/Program D	·				
Date of Nequest	11/17/2023				
3. Date of Request	Keith Perry				
2. Senate Sponsor	Kaith Dawn				
•	Teacher Education				



No

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If yes, indicate the amount of funds received and what the funds were used for.	
N/A	
omplete questions 11 and 12 for Fixed Capital Outlay Projects	

### C

- 11. Status of Construction
  - a. What is the current phase of the project?

• Planning	Design	Construction O N	I/A
b. Is the project "	shovel ready" (	i.e permitted)?	No
c. What is the est	7/2025		
d. What is the es	12/2026		

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.

L R I / A		
N/A		
IN/A		

#### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits	N/A	0			
Other Salary and Benefits	N/A	0			
Expense/Equipment/Travel/Supplies/Other	N/A	0			
Consultants/Contracted Services/Study	N/A	0			
Operational Costs: Other					
Salary and Benefits	N/A	0			
Expense/Equipment/Travel/Supplies/Other	N/A	0			
Consultants/Contracted Services/Study	N/A	0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering	Renovation of Building 42 located on the Ocala campus donated by the College of Central Florida Foundation.	10,395,788			
Total State Funds Requested (must equal total from question #6) 10,395,788					

#### 14. Program Performance

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

The ultimate goal for this project is to provide students with state of the art equipment and hands-on learning in health science and teacher education programs so they can graduate and get a good job. We can do this by remodeling Building 42 on the Ocala campus.

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



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	Activities include reducation in a wor	emodeling	Building 42 on t	he Ocala cai students.	mpus. A	fter the	remodel,	service	s will ir	iclude a	quality	
(	c. What direct ser	vices will	be provided to	citizens by t	he appr	ropriati	on projed	ct?				
	The direct service	provided t	o citizens is work	kforce educa	tion.							
(	d. Who is the targ	•				any ind	lividuals	are ex	pected	to be s	served?	
	The target popular	tion is Nort serve over	h Central Florida 300 students the	a including ar e first year af	ny citizer ter the re	n interes emodel.	sted in ge	tting ar	n educa	tion to c	obtain a 🤅	good
•	e. What is the exp	ected ben	efit or outcome	of this proj	ect? Wh	nat is th	e metho	dology	by wh	ich this	outcon	ne will
ŀ	be measured?							-	-			
	This project will in job placement rate employer partners	s of critical	ly needed health	n science and	d teache	r positio	ns. This i	project	ent, grad also m	duation, eets the	complet needs c	ion and
f	. What are the su	agested p	enalties that the	e contractin	a agenc	v mav	consider	in add	lition to	o its sta	andard p	enaltie
	or failing to meet											
	Reversion of fund		<u> </u>		•							
L	TREVERSION OF TURBE	3 10 110 310	ito.									
15. R	Requester Contact	t Informati	on									
а	. First Name	Damon		Last Name	Vitale							
b	. Organization	Damon V	itale									
С	. E-mail Address	damonvit	ale@gmail.com									
d	. Phone Number	(352)873	5835	Ext.								
16. R	Recipient Contact	Informatio	on									
а	. Organization	College o	f Central Florida									
b	. Municipality and	d County	Marion									
C.	. Organization Ty	ре										
	□For Profit Entity											
	□Non Profit 501(c	c)(3)										
	□Non Profit 501(c	c)(4)										
	□Local Entity											
	☑University or Co	llege										
	□Other (please sp	pecify)										
h	. First Name	James		Last Name	Hennin	nasen						

e. E-mail Address Henningj@cf.edu

**f. Phone Number** (321)377-6044



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17.	Lobby	yist	<b>Contact</b>	Informa	tion
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a. Name	None
b. Firm Name	
c. E-mail Address	
d. Phone Number	