

LFIR # 1048

1. Project Title	Lasterii i ionda Otate Oolleg	e - Denta	al Program Relocatio	n & Expansion		
2. Senate Sponsor	Debbie Mayfield					
3. Date of Request	10/20/2025					
4. Project/Program Do	escription					
Mike Haridopolos) to preventative dental hygienists and dental	\$3.3 million from the state to more provide the \$6.6 million needed care. Currently, the existing 7,0 all assistants needed on Florida' nother building on the same carthe workforce.	ed to reloc 00' denta s Space	cate and expand the Il area is inadequate Coast. The relocation	educational opport to produce the num n of the program in	unities in historial historia histo	
5. State Agency to rec	ceive requested funds	epartmer	nt of Education			
State Agency conta	<u> </u>	<u>'</u>				
	recurring Request for Fiscal \	Year 2020	6-2027			
Type of Funding			Amoi	unt		
Operating				0		
Fixed Capital Outlay	,			3,300,000		
	Total State Funds Requested			3,300,000		
7. Total Project Cost f	or Fiscal Year 2026-2027 (inc	luding m	atching funds avai	lable for this proje	ect)	
	equested (from question #6)		3,300,000	43%		
Matching Funds	oquodiou (iroini quodilon iro)		0,000,000	1070		
			3.300.000	42%		
Federal	amount of this request)		3,300,000	42% 0%		
Federal	amount of this request)		0	0%		
Federal State (excluding the	amount of this request)					
Federal State (excluding the Local Other	amount of this request) s for Fiscal Year 2026-2027		1,200,000	0% 15%		
Federal State (excluding the Local Other Total Project Costs 8. Has this project pro		ng?	0 1,200,000 0	0% 15% 0%		
Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	s for Fiscal Year 2026-2027 eviously received state funding	ng?	0 1,200,000 0 7,800,000 No	0% 15% 0%		
Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the	s for Fiscal Year 2026-2027 eviously received state funding		0 1,200,000 0 7,800,000 No	0% 15% 0% 100%		
Federal State (excluding the Local Other Total Project Costs 8. Has this project profit yes, provide the Fiscal Year (уууу-уу) 9. Is future-year funding a. If yes, indicate n	s for Fiscal Year 2026-2027 eviously received state funding most recent instance: Amount	rring	0 1,200,000 0 7,800,000 No Specific Appropriation #	0% 15% 0% 100%		



10. Status of Construction

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

LFIR # 1048

Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the cu	rrent phase of t	he project?				
Planning	Design	Construction	O N/A			
b. Is the project	"shovel ready" (i.e permitted)?		Yes		
c. What is the estimated start date of construction?				10/05/2026		
d. What is the estimated completion date of construction?				08/02/2027		
e. What funding	stream will be u	sed for ongoing oper	ations a	nd maintenance of	the project?	
		urse offerings will fund health foundation will (and personnel (fa	aculty) expenses.

11. 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.

Eastern Florida State College is a fully owned and controlled asset by the State of Florida. All funds will be exclusively used for improving the state owned facilities on the Cocoa Campus of Eastern Florida State College.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Architecture & Engineering (A&E) services required to include Mechanical/Electrical/Plumbing (MEP). Construction services to include interior framing and finishes, Mechanical System reconstruction; Plumbing to support new restrooms and workstation water, suction, and gas; Electrical to support modern workstations and equipment.	3,300,000
Total State Funds Requested (must equal total from question #6)		

13. Program Performance

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



LFIR # 1048

Eastern Florida State College will be better able to provide the necessary number of graduates in the dental hygiene and dental assisting programs to help meet the critical workforce needs in dental care on Florida's Space Coast.

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

The current small size of the existing dental education programs only affords the opportunity of producing a fraction of the student graduates needed to meet the workforce needs required by the dental profession. By moving the program into a larger area in another building will allow EFSC to increase the number of students being simultaneously served resulting in doubling if not tripling the number of formally trained dental hygienists and dental assistance available to meet current workforce needs.

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

One of the excellent benefits to the community in addition to ensuring the dental profession has the trained human resources they need, is the direct dental care services this program provides to the community. The EFSC dental programs offers exceptional low and no-cost services (teeth cleanings, sealants, etc.) to the citizens, especially seniors and children who cannot afford professional dental health care. Students are able to get real hands-on experience and assure their competency and proficiency even before they graduate.

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

The entire Space Coast of Florida will greatly benefit by ensuring our many dental offices have the trained and certified human resources they need to serve their clients. Florida's Space Coast has been enjoying great success with new and expanding companies as a result of the growth our aerospace and high tech industries. Unfortunately, that growth is being impeded by not having an adequate number of dental health care professionals available to serve them.

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

There will be two objective measures which can be employed to track the success of this request. First, the number of program graduates entering the workforce is expecting to double. Second, the citizens being served by this program directly are also expected to double.

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 in the contract?

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		ne state always has the ability to reduce funding if a program does not serve the community as promised by collect adership.
4.	ls t	his project related to mitigation, response, or recovery from a natural disaster? No
a	a. If	Yes, what phase best describes the project?
ı		Mitigation (reducing or eliminating potential loss of life or property)
ı		Response (addressing the immediate and short-term effects of a natural disaster)
ı		Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
k	o. Na	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
15.	Has	s the entity applied for or received federal assistance for this project?
	□ Y	Yes, Applied
	□ Y	Yes, Received
		No



LFIR # 1048

☐ No, but intends to	o apply			
a. If yes, provide th	e FEMA project workshe	et ID#:		
b. Provide the total	project cost listed on the	e FEMA proj	ect worksheet:	
	lied for or received state	assistance t	for this project (other than	i this request)?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	o apply			
a. If yes, specify the Commerce):	e program and state ager	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Department of
17. Requester Contact a. First Name	Jack	Last Name	Dorkor	
b. Organization	Eastern Florida State Coll		raikei	
	parkerj@easternflorida.ed			
d. Phone Number		Ext.		
,		_		
18. Recipient Contact	Information			
a. Organization	Eastern Florida State Coll	lege		
b. Municipality and	d County Brevard			
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)			
d. First Name	James	Last Name	Richey	



LFIR # 1048

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f. Phone Number	(321)633-7000	Ext.			
19. Lobbyist Contact Information					
a. Name	Steve Crisafulli				
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c. E-mail Address	steve@stevecrisafulli.com				
d. Phone Number	(321)223-8862				

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.