

Type of Funding

**Fixed Capital Outlay** 

**Total State Funds Requested** 

Operating

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

**LFIR # 1083** 

| 1  | . Project Title  | vvest rechnical Educa   | ation Center Glades Workforce Expansion   |
|----|--|---|---|
| 2  | . Senate Sponsor   | Lori Berman   |   |
| 3  | . Date of Request  | 11/5/2025   |   |
| 4  | . Project/Program De   | escription  |   |
|    | the Glades Region. Necessity secondary education programs, facilities, agaps in secondary at | West Technical Educátion<br>and high-demand caree<br>and capacity to produce in<br>adult education, align | dedicated to academic excellence and workforce readiness, especially in Center (WTEC) is key to this mission, preparing students for posters. A \$944,841.65 appropriation for FY 2026–2027 will strengthen WTEC's industry-certified, job-ready graduates. This investment will close critical training with business and industry needs, and position WTEC as a eer preparation, advancing Florida's workforce and economic growth goals. |
| 5  | . State Agency to red  | ceive requested funds   | Department of Education   |
|    | State Agency conta   | cted? No  |   |
| 6. | . Amount of the Nonr   | ecurring Request for Fi   | iscal Year 2026-2027  |

**Amount** 

372,867

571,975

944,842

### 7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

| Type of Funding                                | Amount    | Percentage |
|--|-----------|------------|
| Total State Funds Requested (from question #6) | 944,842   | 75%        |
| Matching Funds                                 |           |            |
| Federal  | 0         | 0%         |
| State (excluding the amount of this request)   | 0         | 0%         |
| Local  | 315,000   | 25%        |
| Other  | 0         | 0%         |
| Total Project Costs for Fiscal Year 2026-2027  | 1,259,842 | 100%       |

8. Has this project previously received state funding? If yes, provide the most recent instance:

Yes

| Fiscal Year | Amo       | ount         | Specific        | Vetoed |  |
|-------------|-----------|--------------|-----------------|--------|--|
| (yyyy-yy)   | Recurring | Nonrecurring | Appropriation # |        |  |
| 2025-26     | 0         | 988,129      |                 | Yes    |  |

| 9  | ls | future-v             | ear i             | fundina   | likely | to b | e red  | uested? |
|----|----|----------------------|-------------------|-----------|--------|------|--------|---------|
| J. | 13 | iutui <del>c</del> - | / <del>c</del> ai | IUIIUIIIU | IIKCIY | LO D | e i eu | ucsicu: |

Yes

a. If yes, indicate nonrecurring amount per year.

950,000

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

Alternative funding may include Perkins V and WIOA grants, U.S. Department of Education or Labor grants, private partnerships, philanthropic support, and local business or industry sponsorships that advance workforce development initiatives.



10. Status of Construction

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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

| a. What is the current phase of the project?                         |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
| b. Is the project "shovel ready" (i.e permitted)?                    |  |  |  |  |  |  |  |
| c. What is the estimated start date of construction? 07/01/2026      |  |  |  |  |  |  |  |
| d. What is the estimated completion date of construction? 06/30/2027 |  |  |  |  |  |  |  |

e. What funding stream will be used for ongoing operations and maintenance of the project?

Ongoing operations and maintenance will be supported through a combination of state and federal education allocations, district operational budgets, tuition and fee revenue from adult programs, and partnerships with local industries and community organizations.

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.

The School District of Palm Beach County is the sole owner of the West Technical Education Center, including all land and structures. The District maintains full operational and administrative control of the facility, and no other entity holds ownership or financial interest in the property.

#### 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<br>Services/Study              |   | 0       |
| Operational Costs                                     |   |         |
| Salary and Benefits                                   |   | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           | Funds will support Culinary, Automotive/Diesel, and Adult Education programs. \$34,057.20 funds culinary equipment, \$149,672.11 upgrades automotive labs, \$116,637.48 adds simulators, and \$72,500 provides scholarships—advancing workforce readiness and industry alignment.       | 372,867 |
| Consultants/Contracted<br>Services/Study              |   | 0       |
| Fixed Capital Construction/Majo                       | or Renovation:  |         |
| Construction/Renovation/Land/<br>Planning Engineering | \$571,974.86 is allocated to expand the Commercial Driving Range, including earthwork, asphalt, lighting, and signage. This key infrastructure investment supports high-demand Commercial Driver's License programs and enhances training capacity for indemand transportation careers. | 571,975 |
| Total State Funds Requested (m                        | nust equal total from question #6)  | 944,842 |



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#### 13. Program Performance

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

The School District of Palm Beach County seeks \$944,841.65 for FY 2026-27 to expand West Technical Education Center's role in workforce preparation. Funds will enhance Secondary (Culinary, Automotive/Diesel) and Adult Education (Welding, CDL, Health Science) through equipment, simulators, infrastructure, and \$72,500 in scholarships—aligning programs with industry demands for job-ready, certified graduates.

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

Funds will support career development and workforce training in culinary, automotive/diesel maintenance, welding, health sciences, and commercial vehicle driving, providing citizens with hands-on education and industry certifications for immediate employment and career advancement.

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

relevance, reflecting overall improvement in educational quality and program success.

Funds will provide citizens with hands-on training, industry certifications, and job placement support in culinary arts, automotive/diesel maintenance, welding, health sciences, and commercial vehicle driving, equipping them with skills for immediate employment and career advancement in high-demand industries.

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

The majority of the funds requested will serve jobless persons, economically disadvantaged individuals, at-risk youth, and homeless populations. Additionally, the program will extend its support to students at both the high school and university or college levels. These target groups have been identified as those most in need of resources and opportunities to improve their economic stability, educational attainment, and overall well-being. It is expected that 200 to 400 individuals will be served.

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

| 1. Improve Quality of Education  |
|--|
| Measure: Program completion rate — 60% of students must complete their program.                                    |
| Impact: Meeting or exceeding this benchmark demonstrates effective instruction, student engagement, and curriculum |

2. Increase Economic Activity

Measure: Job placement rate — 70% of graduates must secure training-related employment, military service, or continue their education.

Impact: Higher placement rates indicate stronger workforce participation, contributing to local employment growth, increased household income, and regional economic development.

3. Enhance Economic Self-Sufficiency

Measure: Certification attainment — 70% of graduates in licensure-required programs must pass certification or licensing exams.

Impact: Achieving this benchmark signifies higher job readiness, leading to greater employment stability, wage growth, and long-term economic independence.

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?

Suggested penalties may include reimbursement of unspent funds, enhanced agency oversight through more frequent progress reviews, technical assistance visits, and required corrective action plans. Additional support such as mentoring, training, and resource sharing may be provided to help the program meet performance goals.

| 14. Is this project related to mitigation, response, or recovery from a natural disaster? | No |
|---|----|
|   |    |

- a. If Yes, what phase best describes the project?
- ☐ Mitigation (reducing or eliminating potential loss of life or property)



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| □ Response (ad                      | Idressing the immediate and   | d short-term e | effects of a natural disaste  | er)                          |
|-------------------------------------|-------------------------------|----------------|-------------------------------|------------------------------|
| ☐ Recovery (ass                     | sisting communities return to | o normal ope   | rations, including rebuilding | ng damaged infastructure)    |
| b. Name of the nat                  | ural disaster (or Executive   | e Order # for  | events not under a fed        | eral declaration):           |
|                                     |                               |                |                               |                              |
| 15. Has the entity app              | olied for or received feder   | al assistanc   | e for this project?           |                              |
| ☐ Yes, Applied                      |                               |                |                               |                              |
| ☐ Yes, Received                     |                               |                |                               |                              |
| □ No                                |                               |                |                               |                              |
| ☐ No, but intends t                 | to apply                      |                |                               |                              |
| a. If yes, provide th               | ne FEMA project workshee      | et ID#:        |                               |                              |
|                                     |                               |                |                               |                              |
| b. Provide the total                | I project cost listed on the  | FEMA proj      | ect worksheet:                |                              |
|                                     |                               |                |                               |                              |
| 16. Has the entity app              | olied for or received state   | assistance f   | for this project (other th    | an this request)?            |
| ☐ Yes, Applied                      |                               |                |                               |                              |
| ☐ Yes, Received                     |                               |                |                               |                              |
| □ No                                |                               |                |                               |                              |
| ☐ No, but intends t                 | to apply                      |                |                               |                              |
| a. If yes, specify th<br>Commerce): | e program and state ager      | ncy (ex. Loca  | al Government Emergen         | cy Bridge Loan, Department o |
|                                     |                               |                |                               |                              |
| 17. Requester Contac                | t Information                 |                |                               |                              |
| a. First Name                       | Micheal J.                    | Last Name      | Burke                         |                              |
| b. Organization                     | School District of Palm Be    | each County    |                               |                              |
| c. E-mail Address                   | Mike.Burke@palmbeachs         | chools.org     |                               |                              |
| d. Phone Number                     | (561)649-6833                 | Ext.           |                               |                              |
| 18. Recipient Contact               | Information                   |                |                               |                              |
| a. Organization                     | West Technical Education      | n Center       |                               |                              |
| b. Municipality and                 |                               |                |                               |                              |
| c. Organization Ty                  | -                             |                |                               |                              |



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| □For Profit Entity     | □For Profit Entity                       |              |   |  |  |  |  |
|------------------------|--|--------------|---|--|--|--|--|
| □Non Profit 501(c      | □Non Profit 501(c)(3)                    |              |   |  |  |  |  |
| □Non Profit 501(c      | □Non Profit 501(c)(4)                    |              |   |  |  |  |  |
| ☑Local Entity          | ☑Local Entity                            |              |   |  |  |  |  |
| □University or Co      | llege                                    |              |   |  |  |  |  |
| □Other (please sp      | pecify)                                  |              |   |  |  |  |  |
| d. First Name          | d. First Name Charlene R. Last Name Ford |              |   |  |  |  |  |
| e. E-mail Address      | Charlene.Ford@palmbea                    | chschools.or | g |  |  |  |  |
| f. Phone Number        | (561)829-4607                            | Ext.         |   |  |  |  |  |
| 19. Lobbyist Contact I | 19. Lobbyist Contact Information         |              |   |  |  |  |  |
| a. Name                | a. Name Rita M. Solnet                   |              |   |  |  |  |  |
| b. Firm Name           | b. Firm Name Rita Solnet                 |              |   |  |  |  |  |
| c. E-mail Address      | c. E-mail Address rmsolnet@gmail.com     |              |   |  |  |  |  |
| d. Phone Number        | d. Phone Number (561)289-7333            |              |   |  |  |  |  |

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