

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

LFIR # 1238

| 1. Project Title | Seminole State Coll | ege - Workforce Building B |
|---|--|---|
| 2. Senate Sponsor | Jason Brodeur | |
| 3. Date of Request | 11/4/2025 | |
| 4. Project/Program D | escription | |
| fields of math, scien ~4,500 to ~9,000. F sciences. Provide a | ice, technology, and va ill large gaps in regiona highly-trained and skill | rce training building designed to double the number of students trained in the rious healthcare programs (such as nursing, respiratory therapy, etc) from I and statewide workforce needs, especially in nursing and other health ed workforce in high-demand, high-skilled, high-wage healthcare areas. The ,000 nurses alone will be needed annually for the next 10 years. |

5. State Agency to receive requested funds

Department of Education

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

| Type of Funding | Amount |
|-----------------------------|------------|
| Operating | 0 |
| Fixed Capital Outlay | 20,000,000 |
| Total State Funds Requested | 20,000,000 |

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) | 20,000,000 | 80% | |
| Matching Funds | | | |
| Federal | 0 | 0% | |
| State (excluding the amount of this request) | 0 | 0% | |
| Local | 0 | 0% | |
| Other | 5,000,000 | 20% | |
| Total Project Costs for Fiscal Year 2026-2027 | 25,000,000 | 100% | |

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

| Yes | |
|-----|--|
| | |
| | |

| Fiscal Year | Amo | ount | Specific | Vetoed | |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| 2025-26 | 0 | 10,000,000 | 16A | No | |

9. Is future-year funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

25,957,390

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

We continue to work on securing additional funding from local healthcare partners. The additional \$5M available for this project in #7 above from one of our healthcare partners is contingent upon receipt of State funds.



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? | | | | | | |
|--|--------------------------|------------------|------------|----|--|--|
| Planning | Design | Construction | O N/A | | | |
| b. Is the project | "shovel ready" | (i.e permitted)? | | No | | |
| c. What is the estimated start date of construction? | | | 04/01/2026 | | | |
| d. What is the estimated completion date of construction? | | | 10/01/2027 | | | |
| e. What funding stream will be used for ongoing operations and maintenance of the project? | | | | | | |
| College funds (i | including capital a | as appropriate). | | | | |

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 District Board of Trustees of Seminole State College of Florida is the owner of the facilities pursuant to section 1001.64, Florida Statutes.

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 Renovation: | | | | |
| Construction/Renovation/Land/ Planning Engineering | construction of a new, 108,134 gsf workforce training facility designed to double the number of students trained in math, healthcare and other science programs from ~4,500 to ~9,000. This funding to be applied to construction costs. | 20,000,000 | | |
| Total State Funds Requested (must equal total from question #6) 20,000,000 | | | | |

13. Program Performance

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



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The construction of a new, 108,136 gsf building to house workforce classrooms and labs designed to double the number of students served from ~4,500 to ~9,000. Fill large gaps in regional and statewide workforce needs, especially in nursing and other health sciences. Provide a highly trained and skilled workforce in high-demand healthcare areas. Jobs will be created during construction, and program grads will be placed into high-demand, high-skilled, high-wage jobs.

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

The construction of a new, 108,136 gsf building to house workforce classrooms and labs designed to double the number of students served from ~4,500 to ~9,000. The State of Florida previously provided \$25 million in state funding for the purchase of land on which this and other buildings will be constructed. Jobs will be created during construction and program grads will be placed in high-skilled, high-demand, high-wage jobs upon graduation.

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

Creation of jobs during the construction phase. Training and placement of grads in high-demand workforce jobs, especially healthcare and related occupations. Placement rates are currently greater than 90%, with a 100% passage rate on nursing licensure exams. Employers will be supported by more well-trained graduates prepared to immediately enter the workforce in workforce occupations experiencing shortages. The project will also result in better healthcare for citizens.

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

College students, high school dual enrollment students, workers returning to refresh or enhance skills, economically disadvantaged persons, and jobless persons. The number of students served is expected to double from ~4,500 to ~9.000.

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

Improved quality of education, improved economic self-sufficiency, increased economic activity, and addressed employer need. Measured by the number and rate of program enrollments, completions, graduates, placement, wages of graduates, and reinvestments by graduates back into the local/regional economy. The project will also result in improved healthcare for the region.

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?

Seminole State College has standard performance clauses in all of its contracts which ensure that work will be completed in accordance with the workplan and list of deliverables, including provisions relating to the payment and withholding of funds as necessary. It is not anticipated that additional penalties will be needed.

| 14. Is this project re | ated to mitigation, response, or recovery from a natural disaster? No | |
|---------------------------------------|--|--|
| a. If Yes, what pha | ase best describes the project? | |
| ☐ Mitigation (re | ducing or eliminating potential loss of life or property) | |
| ☐ Response (a | ddressing the immediate and short-term effects of a natural disaster) | |
| □ Recovery (as | sisting communities return to normal operations, including rebuilding damaged infastructure) | |
| b. Name of the na | tural disaster (or Executive Order # for events not under a federal declaration): | |
| 15. Has the entity ap ☐ Yes, Applied | plied for or received federal assistance for this project? | |
| ☐ Yes, Received | | |



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| □ No | |
|---------------------------------|---|
| ☐ No, but intends to | o apply |
| a. If yes, provide th | e FEMA project worksheet ID#: |
| | |
| b. Provide the total | project cost listed on the FEMA project worksheet: |
| | |
| 16. Has the entity app | lied for or received state assistance for this project (other than this request)? |
| ☐ Yes, Applied | |
| ☐ Yes, Received | |
| □ No | |
| ☐ No, but intends to | o apply |
| a. If yes, specify the | e program and state agency (ex. Local Government Emergency Bridge Loan, Department of |
| Commerce): | |
| | |
| 17. Requester Contact | Information |
| a. First Name | Georgia Last Name Lorenz |
| b. Organization | Seminole State College of Florida |
| c. E-mail Address | lorenzg@seminolestate.edu |
| d. Phone Number | (407)708-2010 Ext. |
| 18. Recipient Contact | Information |
| a. Organization | Seminole State College of Florida |
| b. Municipality and | Seminole Seminole |
| c. Organization Ty _l | ре |
| □For Profit Entity | |
| □Non Profit 501(c | ·)(3) |
| □Non Profit 501(c | :)(4) |
| □Local Entity | |
| ☑University or Co | llege |
| □Other (please sp | pecify) |



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| d. First Name | Robert | Last Name | Whitaker | | | |
|----------------------------------|---|-----------|----------|--|--|--|
| e. E-mail Address | e. E-mail Address whitakerr@seminolestate.edu | | | | | |
| f. Phone Number | (407)708-2410 | Ext. | | | | |
| 19. Lobbyist Contact Information | | | | | | |
| a. Name | Brady J. Benford | | | | | |
| b. Firm Name | Firm Name Ballard Partners | | | | | |
| c. E-mail Address | c. E-mail Address brady@ballardpartners.com | | | | | |
| d. Phone Number | r (850)577-0444 | | | | | |

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