



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1472

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The specific focus is community revitalization and workforce empowerment initiative as follows:

- Creating permanent and part-time jobs in STEM, Healthcare and cultural arts.
- Supporting small business incubation through the HCDC's facility.
- Boosting tourism via cultural and agri-business programs such as museum, dance program, and aquaponics farm.
- Expanding skills training for those with limited education via STEM Gym and Farm-to-Table program.
- Strengthening the local economic base and vendor participation.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

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)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	500,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

a. If yes, indicate nonrecurring amount per year.

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



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Fiscal Year 2026-2027

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☒ Construction ☐ N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

7-1-2023

d. What is the estimated completion date of construction?

12-31-25

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

Rental income of facility for events, rental for office space, recreational activities, and income from partnering with businesses that are incubated at the site. We currently incubating the STEM Gym, Tweak City T-shirt business, Dennis Whitson (baker), and Montague Collection (art collection) to name a few.

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.

Havana Community Development Corporation, a nonprofit entity

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	Funding will support key staff essential to operations and community impact: an Economic Development Coordinator to drive job creation/workforce partnerships; a STEM Program instructor to lead youth and adult training; Museum/Cultural center staff to curate exhibits; and Administrative Assistant for program coordination; and Dance/Wellness Instructors to provide fee-based classes and local jobs.	100,000
Expense/Equipment/Travel/Supplies/Other	Supports infrastructure/programs that advance sustainability and revitalization: facility operations/maintenance; business incubation resources (technology, furniture, marketing); program equipment (computers, lab tools, farm and cultural materials); workforce training/outreach; travel for economic development and STEM partnerships; and community events such as expos/fairs and cultural showcases.	400,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0



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Fiscal Year 2026-2027

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Total State Funds Requested (must equal total from question #6)

500,000

13. Program Performance

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

The program will provide a means for being proactive in the reduction of health issues via primary healthcare, access to healthy meals and physical exercises; indirect impact on the reduction of crime by providing especially youth a place to go and conduct constructive activities; reduction of healthy food desert; increased access to cultural events and activities; and enhanced ability for the community to get to events and healthcare.

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

Health and Wellness program; Recreation programs for all age groups; Farm-to-Table program; transportation; STEM Gym for science, technology, engineering and math activities; museum; African/Caribbean dance program, reading program; and a transportation program.

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

Access to a gymnasium and recreational programs, access to fitness center, access to commercial kitchen for training how to cook healthy foods; access to community garden; increase access to healthy foods and training how to grow healthy foods; access to STEM activities that address standards being taught in the classrooms; access to cultural events via dance programs and museum; access to reading program to improve reading, writing and comprehension skills; increase income opportunities for vendors, contractors and general public; increased job opportunities to maintain and operate the HCDC facility; increase number of individuals taking a field trip for the STEM activities and museum; and transportation to provide a means for accessing the programs.

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

Citizens of Havana, Midway, Richbay, Hinson, Jamison, Gibson, Coon Bottom, Quincy and Tallahassee.

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

Footprint to the facility will be greater than 5000. Records will be maintain, analyzed and concluded via the number of participants and comparison of county data to determine the effectiveness and success of the programs offered especially with the healthcare and recreational programs.

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?

If awarded any fund requested by the HCDC, the HCDC should be required to have an indemnification or "claw back" provision in any contract with the State, requiring indemnification by both the HCDC and the contractor performing the scopes of work called for under the contract.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?



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Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1472

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

☐ For Profit Entity

☒ Non Profit 501(c)(3)

☐ Non Profit 501(c)(4)

☐ Local Entity



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Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1472

☐ University or College

☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

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