

LFIR # 1709

1.	Project Title	College of Central Florid	a Critical W	orkforce Program Ex	pansion	
2.	Senate Sponsor	Stan McClain				
3.	Date of Request	12/1/2025				
4.	Project/Program De	escription				
	The college is in the middle of the largest workforce program expansion in its history. To support tremendous growth in N. FL and the Ocala metro area, funds will support new and expanded programs in nursing, allied health, agricultural sciences, teacher education, hospitality, business and technology. Ocala was named #3 in the nation for high-earning job growth and #6 in the nation for overall job growth in 2025 by Lightcast.					
5. State Agency to receive requested funds Department of Education						
	State Agency conta	cted? Yes	•			
		ecurring Request for Fisc	al Year 202	26-2027		
.	Type of Funding			Amo	aunt	
	Operating			Aillo	3,000,000	
	Fixed Capital Outlay				0	
	Total State Funds R	Requested			3,000,000	
7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)						ect)
	Type of Funding			Amount	Percentage	
	Total State Funds Re	equested (from question #6	3)	Amount 3,000,000	Percentage 91%	
	Total State Funds Re Matching Funds	equested (from question #6	s)	3,000,000	91%	
	Total State Funds Re Matching Funds Federal		5)	3,000,000	91%	
	Total State Funds Re Matching Funds Federal State (excluding the	equested (from question #6 amount of this request)	5)	3,000,000	91% 0% 0%	
	Total State Funds Rematching Funds Federal State (excluding the Local		i)	3,000,000 0 0 300,000	91% 0% 0% 9%	
	Total State Funds Re Matching Funds Federal State (excluding the Local Other			3,000,000	91% 0% 0%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	amount of this request)	7	3,000,000 0 0 300,000 0	91% 0% 0% 9% 0%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	amount of this request) for Fiscal Year 2026-202	7	3,000,000 0 300,000 0 3,300,000 No Specific	91% 0% 0% 9% 0%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the re	amount of this request) for Fiscal Year 2026-2027 eviously received state functions and the continuation of this request)	7	3,000,000 0 300,000 0 3,300,000	91% 0% 0% 9% 0% 100%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r	amount of this request) for Fiscal Year 2026-2027 eviously received state full most recent instance: Amount	7 nding?	3,000,000 0 300,000 0 3,300,000 No Specific	91% 0% 0% 9% 0% 100%	
	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the re Fiscal Year (уууу-уу)	amount of this request) for Fiscal Year 2026-2027 eviously received state full most recent instance: Amount	7 nding? ecurring	3,000,000 0 300,000 0 3,300,000 No Specific	91% 0% 0% 9% 0% 100%	
	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r Fiscal Year (уууу-уу) Is future-year funding	amount of this request) for Fiscal Year 2026-2027 eviously received state functions are cent instance: Amount Recurring Nonr	7 nding? ecurring	3,000,000 0 300,000 0 3,300,000 No Specific Appropriation #	91% 0% 0% 9% 0% 100%	
	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r Fiscal Year (уууу-уу) Is future-year funding a. If yes, indicate no	amount of this request) for Fiscal Year 2026-2027 eviously received state furnost recent instance: Amount Recurring Nonr ng likely to be requested? conrecurring amount per y	nding? ecurring	3,000,000 0 300,000 0 3,300,000 No Specific Appropriation #	91% 0% 0% 9% 0% 100%	
	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the r Fiscal Year (уууу-уу) Is future-year funding a. If yes, indicate no	amount of this request) for Fiscal Year 2026-2027 eviously received state functions in the continuation of this request of the continuation of this request of the continuation of this request).	nding? ecurring	3,000,000 0 300,000 0 3,300,000 No Specific Appropriation #	91% 0% 0% 9% 0% 100%	



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10. Status of Construction

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а	. What is the cur	rent phase of th	e project?				
	Planning	O Design	Construction	O N/A			
b	. Is the project "	shovel ready" (i.	e permitted)?				
C	c. What is the estimated start date of construction?						
C	d. What is the estimated completion date of construction?						
e. What funding stream will be used for ongoing operations and maintenance of the project?							
1.	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.						

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	Faculty and staff expenses related to program development, recruiting and instruction.	2,450,000		
Expense/Equipment/Travel/Supplies/Other	Equipment and supplies and modernized technology for workforce education programs.	500,000		
Consultants/Contracted Services/Study	Contracted services to assist in rapid deployment of new programs and services.	50,000		
Fixed Capital Construction/Majo	or Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 3,000,000				

13. Program Performance

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

The college is in the middle of the largest workforce program expansion in its history. To support tremendous growth in N. FL and the Ocala metro area, funds will support new and expanded programs in nursing, allied health, agricultural sciences, teacher education, hospitality, business and technology. Ocala was named #3 in the nation for high-earning job growth and #6 in the nation for overall job growth in 2025 by Lightcast.

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



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Creation or expansion of workforce ready degree programs, to include program planning, proposals, start-up expenses, employer partnerships, facilities expansion or renovation, faculty and staff hiring and marketing for awareness of these programs.

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

Programs and services will be designed for the working individual to upskill or reskill to meet the unprecedented need for high-skill, high-wage employees locally. The labor market participation rate is declining. It will take targeted strategies and employer aligned training programs to attract individuals to seek training.

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

Citizens of Citrus, Levy and Marion county who need an affordable pathway to a high-skill, high-wage job. Employers in Citrus, Levy and Marion county who need local, job-ready and highly-qualified employees to grow their companies and to support the region and state's critical workforce needs. College of Central Florida's enrollment is projected to grow 15% through 2031, leading to an additional 759 students being served with this funding.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- 1. Improve agricultural production/education through creation of precision agriculture program designed to produce high-skill technicians. This program will be aligned to the statewide critical need to modernize and automate the industry, and to preserve natural resources such as water. Success measured by an enrollment increase of 20%. 2. Improve quality of education by developing/expanding critical workforce training programs to meet specific industry needs in health sciences, allied health, precision agriculture, teacher education, hospitality and tourism, information technology and business. Success measured by specific and measurable targets for number of graduates that are based on labor market data for each industry for Citrus, Levy and Marion counties. 3. Increase or improve economic activity by increased participation in the labor market by highly-trained individuals and up-skilling of employees. Success measured by decrease in self-reported vacancies in targeted industries.
- 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?

	TOF	failing to meet deliverables or performance measures provided for in the contract?
	Re	eversion of funds to the state.
14.	ls t	his project related to mitigation, response, or recovery from a natural disaster? No
á	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 infastructure)
I	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	es, Applied
	□ Y	es, Received
		No.
		lo, but intends to apply

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



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b. Provide the total	project cost listed	on the FEMA proj	ect worksheet:	
6. Has the entity app	lied for or received	state assistance	or this project (oth	er than this
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends t	o apply			
a. If yes, specify the Commerce):	e program and state	e agency (ex. Loca	al Government Eme	rgency Brid
'. Requester Contact a. First Name	Dr. James	l ast Name	Henningsen	
b. Organization	College of Central F		Tieriningsen	
c. E-mail Address				
d. Phone Number	(352)873-5835	Ext.		
B. Recipient Contact a. Organization	Information College of Central F	Florida		
b. Municipality and	d County Marion			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
□Local Entity				
☑University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Dr. James	Last Name	Henningsen	
e. E-mail Address	henningj@cf.edu			
f. Phone Number	(352)873-5835	Ext.		



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a. Name	Larry Cretul
b. Firm Name	GrayRobinson PA
c. E-mail Address	larry.cretul@gray-robinson.com
d. Phone Number	(850)577-9090

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