



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 2083

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Construction funding for a 63,400 sq ft, two-story CareerTech School in Fort Myers, FL. We believe a CareerTech School is a bold, transformative, and practical solution as a viable pathway for a credentialed career in the trades and in healthcare. The project intent is to help fill the critical workforce gap in the skilled trades. The first floor will be dedicated to the 'hard labs' including Welding, HVAC, Plumbing, Electrical, Appliance Repair, Marine Engine Repair, and Automobile Engine Repair. The second floor will be dedicated to Healthcare training, including CNA, LPN, Home Health, Long-term Care, Medical Assisting, and Medical Coding. We have begun the CNA training in the existing Heights Community Center.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

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

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operating                          | 0                |
| Fixed Capital Outlay               | 2,500,000        |
| <b>Total State Funds Requested</b> | <b>2,500,000</b> |

**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)       | 2,500,000         | 6%          |
| <b>Matching Funds</b>                                |                   |             |
| Federal  | 0                 | 0%          |
| State (excluding the amount of this request)         | 2,500,000         | 6%          |
| Local  | 0                 | 0%          |
| Other  | 37,000,000        | 88%         |
| <b>Total Project Costs for Fiscal Year 2026-2027</b> | <b>42,000,000</b> | <b>100%</b> |

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

| Fiscal Year (yyyy-yy) | Amount    |              | Specific Appropriation # | Vetoed |
|-----------------------|-----------|--------------|--------------------------|--------|
|                       | Recurring | Nonrecurring |                          |        |
| 2025-26               | 0         | 2,500,000    | 127B                     | No     |

9. **Is future-year funding likely to be requested?**  No
- 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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## 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?

4/15/2025

d. What is the estimated completion date of construction?

7/31/2026

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

We are eligible for state funding through the Workforce Development Fund, as well as performance based incentives. Additional funding through business and industry sponsorships, programmatic grants, and private donations.

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.

NA

### 12. Details on how the requested state funds will be expended

| Spending Category  | Description                                      | Amount           |
|--|--|------------------|
| <b>Administrative Costs:</b>   |  |                  |
| Executive Director/Project Head Salary and Benefits                    |  | 0                |
| Other Salary and Benefits  |  | 0                |
| Expense/Equipment/Travel/Supplies/Other                                |  | 0                |
| Consultants/Contracted Services/Study                                  |  | 0                |
| <b>Operational Costs</b>   |  |                  |
| Salary and Benefits  |  | 0                |
| Expense/Equipment/Travel/Supplies/Other                                |  | 0                |
| Consultants/Contracted Services/Study                                  |  | 0                |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |  |                  |
| Construction/Renovation/Land/Planning Engineering                      | Continued construction of the CareerTech School. | 2,500,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>2,500,000</b> |

### 13. Program Performance

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

Construction funding for a 63,400 sq ft, two-story CareerTech School in Fort Myers, FL. We believe a CareerTech School is a bold, transformative, and practical solution as a viable pathway for a career in the trades and in healthcare. The intent is to help fill the critical workforce gap in the skilled trades.

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



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Certification in the skilled trades including construction trades, automotive, marine, and well as healthcare, culinary, and early childhood education.

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

This is an appropriation request for project construction costs, Therefore, no direct services will be provided to private citizens from these funds.

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

Target population is adults in SWFL who want to improve or learn trade skills and healthcare. Certifications will be tiered so students can work in their chosen field, while furthering their knowledge and skills for better pay. Over 500 students can benefit annually in over 55 cohort groups.

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

Program completers obtain credentials needed for employment in targeted skilled trades and in healthcare, and obtain employment in said fields. Methodology includes capturing data for number of completers gaining employment in credentialed field within 3 months of program completion; and a comparison of income levels pre- and post credentials obtainment.

**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?**

Recoupment of funds for failing to meet deliverables.

**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?**

- 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)?**



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- 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
  - 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



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