



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2936

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Chipola's request is to build a new driving range and skid pad area. The agencies must continue to train on a range and pad that are updated to meet current requirements.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,135,000
<b>Total State Funds Requested</b>	<b>1,135,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,135,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,135,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. 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)?

No

c. What is the estimated start date of construction?

Not Completed.

d. What is the estimated completion date of construction?

Not Completed.

12. 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.

Not completed.

### 13. 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: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Construct Range and Pad	1,135,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,135,000</b>

### 14. Program Performance

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

Build a driving range and skid pad for law enforcement and firefighting programs to train students

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

Improve workforce education by providing updated construction for current compliance

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

Offer improved training facility for law enforcement and firefighting programs

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



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High school and college students in our five county district (Calhoun, Holmes, Jackson, Liberty & Washington counties) 25

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

Benefit: To produce graduates of the programs.  
Methodology: 80% of the graduates will become licensed, credentialed and employed.

**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 the contract?**

Failure to produce program completers, certifications and/or licenses to address shortages in our district and across the state. Strategies will be developed to improve program completers and employment if needed.

**15. Requester Contact Information**

a. First Name  Last Name   
 b. Organization   
 c. E-mail Address   
 d. Phone Number  Ext.

**16. 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

**17. Lobbyist Contact Information**

a. Name   
 b. Firm Name   
 c. E-mail Address   
 d. Phone Number