



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2316

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	600,000
<b>Total State Funds Requested</b>	<b>600,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	25%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	1,750,000	71%
Local	100,000	4%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,450,000</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

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

No

c. What is the estimated start date of construction?

June 2023

d. What is the estimated completion date of construction?

December 2024

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.

Hamilton County Board of County Commissioners will be the owners of the facility.

### 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	n/a	0
<b>Operational Costs: Other</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	\$600,000 will be spent on the actual construction of the project as capital outlay.	600,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>600,000</b>

### 14. Program Performance

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

Improvements will enhance the life and sustainability of agricultural activities of both a recreational and educational nature. It will be utilized to host regional agricultural, livestock, and equine events. Current facility is over 50 years old and modernization of amenities is needed to accomodate current needs.

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

Project will ensure 365 days annual utilization/availability of facility.

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

Outdoor events will be available year-round without consideration of all but most severe weather events.



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

All ages and deomgraphics will be served by this project as well as special needs population for regional events.

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

Improvement will allow for year round utilization of the facility therefore enhancing the economic and educational benefits to increase despite inclement weather conditions.

**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?**

Project will be completed

**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**



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d. Phone Number