



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3081

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Union County, which houses Union CI, Florida State Prison, and NF Reception and Medical Center, has a significant number of state-owned housing units that do not contribute property taxes or special assessments. This issue would help offset some of those losses.

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	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	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 2023-2024	300,000	100%

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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Approximately 5.34 million combining CARES and ARPA funds to Union County. Used for PPE / Sanitization / Payroll of Public Safety Employees / Tele-working Technology so far. Much of the ARPA funds have not yet been spent by the county as of this date.

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Payment in lieu of taxes to help offset the costs of services provided to state owned housing.	300,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000

14. Program Performance

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

To help offset the cost to the county for the services provided to the state-owned housing.

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

To help offset the cost to the county for the services provided to the state-owned housing.

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



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To help offset the cost to the county for the services provided to the state-owned housing.

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

The citizens of Union County.

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

To help offset the cost to the county for the services provided to the state-owned housing.

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?

NA

15. Requester Contact Information

a. First Name James **Last Name** Williams
b. Organization Union County Board of County Commissioners
c. E-mail Address countycoord@unioncounty-fl.gov
d. Phone Number (386)496-4241 **Ext.** 0277

16. Recipient Contact Information

a. Organization Union County Board of County Commissioners
b. Municipality and County Union

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 James **Last Name** Williams
e. E-mail Address countycoord@unioncounty-fl.gov
f. Phone Number (386)496-4241

17. Lobbyist Contact Information

a. Name None
b. Firm Name None
c. E-mail Address



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d. Phone Number