

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 3042

1. Project Title	City of Ouiney C	ivic Facility Project			
1. Project Title	City of Quiricy C	ivic racility Project			
2. Senate Sponsor	Corey Simon				
3. Date of Request	03/13/2023				
4. Project/Program De	escription				
the elderly who have	e a desire to engaged d public activities th	e in physical activiti	cility that will house pr es, but do not particip and wellness, cultural	ate in athletics. The	es for youth, adults and a facility would create a tion and
5. State Agency to re-	ceive requested fu	inds Departm	ent of Health		
State Agency conta	•				
State Agency conta	acteur No				
6. Amount of the Non	recurring Request	for Fiscal Year 20	23-2024		
Type of Funding			Amo	unt	
Operations				0	
Fixed Capital Outlay	Fixed Capital Outlay			2,000,000	
Total State Funds	Requested			2,000,000	
7. Total Project Cost f	for Fiscal Year 202	3-2024 (including	-		ect)
Type of Funding	loguested (from gue	oction #6)	Amount 2,000,000	Percentage 100%	
Total State Funds R Matching Funds	requested (ITOITI que	5511011 #6)	2,000,000	100%	
Federal			0	0%	
	amount of this regi	iest)	0	0%	
State (excluding the amount of this request) Local			0	0%	
Other				0%	
Total Project Costs	s for Eisaal Vaar 20	022-2024	2,000,000	100%	
Total Project Costs	S IUI FISCAI TEAI Z	023-2024	2,000,000	100 /0	
8. Has this project pro	eviously received	state funding?	No		
Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future funding lil	kely to be requeste	ed?	No		
a. If yes, indicate n	onrecurring amou	int per year.			
	_		ieu of state funding.	,	
D. Describe the 500	urce or runumy the	at call be used III I	ieu oi state iunumg.]
10. Has the entity req	uesting this proje	ct received any fe	deral assistance rela	ted to the COVID-	19 pandemic?
Yes					

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



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\$3,419,328.00 in funds used for public infrastructure and employee assistance.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction a. What is the current phase of the project?	
 ◆ Planning	
b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	12/2023
d. What is the estimated completion date of construction?	2025
12. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the entire	
City of Quincy.	
13. Details on how the requested state funds will be expended	

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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		0		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering	The request is for the construction of a new civic facility.	2,000,000		
Total State Funds Requested (must equal total from question #6)				

14. Program Performance

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

This request is to secure funds to construct a new civic facility that will house programs and activities for youth, adults and the elderly who have a desire to engage in physical activities, but do not participate in athletics. The facility would create a forum for events and public activities that promote health and wellness, cultural appreciation, education and inter-generational learning.

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



Return funds.

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Activities will be focused on children under the current age requirements for recreational sports, such as early childhood development opportunities and senior citizens, senior citizen group meetings, banquets, community outreach programs, and other special programs. The City would like to begin providing monthly cultural/historical exhibits and hobby development workshops for participates of all ages. The City also wants to establish a series of trainings on financial literacy, computer applications and tutoring. The City plans to host meditation, health and wellbeing classes, yoga programs, etc. The City wants to partner with local advocacy groups to host classes and programs for children, adults and seniors.

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

This facility would provide citizens in the community a place to hold meetings, learning opportunities, host recreational activities and special programs. Citizens would have access to a safe and functional building for recreational activities and community events.

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

The citizens of Quincy and surrounding communities. Thousands of people are expected to be served.

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

The facility would create a forum for events and public activities that promote health and wellness, cultural appreciation, education and intergenerational learning. Methods of measuring the benefits are enrollments in special programs, learning classes, rental for personal usage, as well as daily sign in sheets.

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?

. Requester Contact	t Informat	ion		
a. First Name	Robert		Last Name	Nixon
b. Organization	City of Q	uincy		
c. E-mail Address	rnixon@r	myquincy.net		
d. Phone Number	(850)618	-1884	Ext.	
. Recipient Contact	Information	on		
a. Organization	City of Q	uincy		
b. Municipality and	d County	Gadsden		
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	oecify)			



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d. First Name	Robert	Last Name	Nixon		
e. E-mail Address	rnixon@myquincy.net				
f. Phone Number	(850)618-1884				
17. Lobbyist Contact Information					
a. Name	Sheila Knowles				
b. Firm Name	E.L.F. Associates				
c. E-mail Address	SKnowles@ELFassociate	es.com			
d. Phone Number	(850)933-0029				