



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2926

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

4. Project/Program Description

Designed to be the center of community well-being and cultural support, redevelopment will revitalize the center's identity as a thriving gathering place for at-risk-youth, families, and adults and construct a facility to support and unify citizens. During significant weather events, the facility will also serve as a hurricane shelter for the communities' residents. As proposed, the repurposed building will have the ability to remain fully operational during and immediately after severe storms.

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	1,600,000
Total State Funds Requested	1,600,000

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)	1,600,000	84%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	300,000	16%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,900,000	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?**



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

The city received approximately \$1.2 million and used it towards a variety of projects

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?

3/1/2024

d. What is the estimated completion date of construction?

12/1/2025

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.

City of Bonifay - Self
 Holmes County Economic Development Commission - EDC for the City of Bonifay

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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design, bidding, construction, and inspection.	1,600,000
Total State Funds Requested (must equal total from question #6)		1,600,000

14. Program Performance

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

Designed to be the center of community well-being and cultural support, redevelopment will revitalize the center's identity as a thriving gathering place for at-risk-youth, families, and adults and construct a facility to support and unify citizens. During significant weather events, the facility will also serve as a hurricane shelter for the communities' residents. As proposed, the repurposed building will have the ability to remain fully operational during and immediately after severe storms.



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

The rehabilitation of a community center that will act as a community gathering location, provide ADA bathrooms as well as offer a variety of services, programs, and activities for all ages and abilities. This center would serve as a shelter during times of severe weather.

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

After the construction of this facility, the entirety of the facility updates are intended to be forward facing community opportunities.

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

The target population are the citizens of Bonifay and Holmes County (2,700 and 20,000, respectively), as well as visitors and guests to the area.

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

Provide the opportunity to have recreational outlets and inspire athletic and educational success as an alternative to crime-oriented activities. This will be measured by the decrease in crime rates and continued interest in the program. With a variety of programs, classes, and activities, the general public would be able to have an increase in their quality of life.

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?

The Contracting agency, City of Bonifay will establish a critical path with date specific targets for pre-development. Once bids are received and awarded for the project, the contract will have specific contract completion dates. If not met, contractor will be subject to liquidated damages, assessed on a daily basis.

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)



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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