



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2986

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

4. Project/Program Description

The purpose of the funding request is to provide additional funds for the construction of a new Aging Facility in the City of Paxton. The project is mostly funded via a CDBG-CV Grant, however, additional funds will be required to complete the construction and building furnishings.

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	2,500
Fixed Capital Outlay	497,500
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	34%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	959,990	66%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,459,990</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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American Rescue Plan Act funds in the amount of \$428,731 - various projects throughout the town.

### 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)?

Yes

c. What is the estimated start date of construction?

03/31/2024

d. What is the estimated completion date of construction?

01/31/2026

**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.**

The City of Paxton will own and maintain the Aging 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	Grant Administration	2,500
<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	Construction Costs	497,500
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

**14. Program Performance**

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

The requested funding is needed to complete the construction of the building and the project sitework, as well as to furnish the building. The funding the City has presently is not sufficient to complete the construction of the project.

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

The building will provide a space for the local elderly population to participate in numerous activities and receive meals. Additionally, the facility will provide an event space for the community.



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

The facility will provide older adults in the community access to vital community services to keep them safe, active, and healthy. These services include access to recreational, educational, and social activities as well as access to meals.

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

The facility will serve the population of older adults in the community. 16% percent of the population of the City of Paxton is over the age of 65.

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

The project will provide an improvement to the physical and mental health of older adults attending the facility as well as cultural enrichment through educational and arts activities measured by community feedback, surveys and the number of older adults utilizing the facility.

**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 City of Paxton will return any unused funds to the State.

**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**



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a. Name

b. Firm Name

c. E-mail Address

d. Phone Number