



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3003

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 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

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)	500,000	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 2024-2025	500,000	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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Walton County was allocated the following federal assistance with related to the COVID-19 pandemic:

CARES Act Funding = \$12.9 Million
 American Rescue Plan Act Funding + \$14.4 Million
 CARES Act Funding specifically for housing assistance = \$169,460
 Local Tribal Assistance and Tribal Consistency Fund = \$100,000.00

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?

7/1/2024

d. What is the estimated completion date of construction?

6/30/2025

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.

Walton County will be the owners of the facility when construction is complete.

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	Historical reconstruction/renovations of interior features of the Glendale Community Center.	500,000
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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

Complete historical renovations of Glendale Community Center.

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



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Historical renovations of several remaining rooms of the Glendale Community Center.

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

Completion of a historical facility that will be utilized by the citizens of Walton county, Florida.

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

Walton County citizens and visitors. >800

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

Completion of a historical building in Walton County that can be utilized by the public.

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?

If Walton County fails to meet the deliverable to this appropriation all funds will be returned 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

- a. **Name**



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b. Firm Name

c. E-mail Address

d. Phone Number