



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3690

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

4. Project/Program Description

The requested funds will be utilized for a regional shelter during natural and/or man-made disasters for the Suwannee Valley area and central Florida including but not limited, to Lafayette, Madison, Hamilton, Columbia, Taylor, Dixie, Levy, Gilchrist Counties, and beyond.

The shelter will also serve as a regional economic driver, creating a return on investments, providing safety for Floridians in times of need, creating jobs and regional economic development opportunities, preventing "economic leakage," and increasing the ad valorem tax base for an area of economic concern.

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	10,000,000
Total State Funds Requested	10,000,000

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)	10,000,000	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	10,000,000	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.**

Possible source of future funding may federal (FEMA) dollars for hardening of the facility.

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.

Funding was used for the purpose of pandemic housing during the declared federal and state declared health emergency.

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)?

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.

Suwannee County.

The county government is the owner of the project and the sole decision making authority related to these project funds.

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	Funds will be used for the comprehensive planning and design of the facility and related infrastructure. All planning phases including roadways, utilities, storm water, and related infrastructure requirements per federal/state agencies, will be paid for through requested funding.	10,000,000
Total State Funds Requested (must equal total from question #6)		10,000,000

14. Program Performance



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

Funds will be used for the comprehensive planning and design of the facility and related infrastructure. All planning phases including roadways, utilities, storm water, and related infrastructure requirements per federal/state agencies, will be paid for through requested funding.

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

The funding will provide for the planning and design of a regional facility that will serve as a shelter for Suwannee County residents and adjacent/surrounding counties including but not limited to Lafayette, Madison, Hamilton, Columbia, Taylor, Dixie, Levy, and Gilchrist Counties.

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

Initially the funds provided in this request will be used fund planning and design of the facility and related infrastructure. Once completed the facility and adjacent structures will serve the region by providing individuals shelter in times of disaster and provide area Floridians with retail, hotel, sports tourism, and regional sporting and economic events.

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

The target population is all Floridians in surrounding areas who may need shelter in times of disaster and alternatively serve as an economic hub for the regional population. This project could ultimately serve hundreds of thousands of Floridians in Northeast and Central Florida.

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

Two-fold; the proposed development will serve as regional facility during times of disaster providing shelter for Floridians. It will also benefit area citizens providing retail, lodging, recreational activities, and sports tourism/regional economic events.

The project will be measured by the return on investment to the affected region, the safety of citizens during disasters, reduced economic leakage, additional tax revenues, and job creation.

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 appropriated, we would expect standard clawback provisions to be in the contract and exercised if we fail to perform as agreed upon.

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)



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- 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

b. Firm Name

c. E-mail Address

d. Phone Number