



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2866

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Replace roof and windows in the Lake Helen City Hall. The City Hall is a former school built in 1916. The school was the first integrated school in Volusia County.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	304,000
Total State Funds Requested	304,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	304,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	76,000	20%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	380,000	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No

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?

Yes

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

ARPA \$1.4 million used for general operations, storm water and solid waste collection services.



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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

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

10/01/2023

d. What is the estimated completion date of construction?

12/31/2023

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.

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	roof and windows	304,000
Total State Funds Requested (must equal total from question #6)		304,000

14. Program Performance

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

The roof won't leak and the cost of air conditioning will decrease.

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

Develop the RFP and administer the low bid contract.

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

The roof won't leak.

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



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Citizens of the city: 3,000 individuals.

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

City Hall will be drier and a more comfortable building.

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?

Repayment of funding.

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) Local Government

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