



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Liberty County Jail

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

Liberty County Jail Renovation Project

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Law Enforcement

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
200,000	200,000	400,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	400,000	50.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	400,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 800,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		145,000	145,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

These renovations will provide a safer more effective Jail providing a kitchen facility, holding cells and maximizing existing space.

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

This project will maximize existing space to provide a more efficient jail for the citizens of Liberty County.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	This request consists of a kitchen renovation medical renovation, dispatch and	120,000



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	constructing holding cells.	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	This request consists of a kitchen renovation medical renovation, dispatch and constructing holding cells.	200,000
TOTAL		320,000

d. What are the direct services to be provided to citizens by the appropriations project?

This project will directly serve the taxpayers of Liberty County by providing a safe jail facility bringing it into compliance with the Florida Model Jail Standards. Liberty County is a Financially Disadvantaged Community.

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

All citizens of Liberty County - 8,400 citizens.

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

The expected outcome is to provide Liberty County with a safe, effective jail facility.

g. 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 in the contract?

N/A

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Liberty County Board of County Commissioners

13. Requestor Contact Information:

- Name:** Bret Phillips
- Organization:** Liberty County Sheriff's Office
- Email:** bphillips@libertycountysheriff.org
- Phone Number:** (850)642-5615

14. Recipient Contact Information:

- Organization:** Liberty County Sheriff's Office
- County:** Liberty
- Organization Type:**
☐ For Profit



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- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Bret Phillips

e. E-mail Address: bphillips@libertycountysheriff.org

f. Phone Number: (850)642-5615

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: