



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Tri-County Agricultural Complex

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 01/10/2018

4. **Project/Program Description:**

3-county collaborative agriculture facility

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Agriculture and Consumer Services

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

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
	1,185,000	1,185,000

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)	0	0.0%
Local	857,760	42.0%
Other	0	0.0%
TOTAL	857,760	42.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,042,760

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(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:			

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

Yes

a. If yes, indicate non-recurring amount per year.

\$1,200,000

11. Program Performance:

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

Increase tourism, employment, education, and community involvement.

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

Examples include sheltered equestrian events, entertainment, educational and agricultural activities, huge sheltered public assembly space, unlimited opportunity for the tri-county area

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 checked="" type="checkbox"/> Consultants/Contracted Services/Study	Continuous ground maintenance	60,000
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Multi-purpose building with 15,000-20,000 sq. ft. of clear span exhibition space and PUBLIC RESTROOMS; Horse stalls for existing barn; Announcer booth/stage; paved parking/additional RV hook-ups.	1,125,000
TOTAL		1,185,000

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

Improve economic activity, improve transportation conditions, 3 public handicap accessible restrooms (male, female, family).

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

Tri-county area: 65,000-85,000 people

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

5% increase of in spectators and/or event participants. Follow up telephone survey of users/renters of facility with ticket sales and registration information.

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?

In the event of construction delays due to inclement weather or other uncontrollable circumstances, the proper procedures will be followed for extensions and any monies not encumbered by contract end, will be returned.

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.

N/A

13. Requestor Contact Information:

a. Name: Ken Sheppard

b. Organization: Tri-County Advisory Council, Inc.



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- c. Email: igotgas1951@yahoo.com
- d. Phone Number: (850)899-1516

14. Recipient Contact Information:

- a. Organization: Tri-County Advisory Council, Inc.
- b. County: Calhoun, Franklin, Gulf
- c. Organization Type:
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name: Ken Sheppard
- e. E-mail Address: igotgas1951@yahoo.com
- f. Phone Number: (850)899-1516

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone Number: