The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Bradford County Fairgrounds
2. **Senate Sponsor:** Travis Hutson
3. **Date of Submission:** 01/24/2018
4. **Project/Program Description:**
   Replacement of Bradford County Fairgrounds and Barns with a full evacuation shelter and SART facility barns
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 Agriculture and Consumer Services
6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,000,000</td>
<td>4,000,000</td>
<td>4,000,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,000,000
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.
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<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
</tbody>
</table>

Input Amounts:

10. Is future-year funding likely to be requested?
    Yes
    a. If yes, indicate non-recurring amount per year.
        Phase 1 - $4,000,000; Phase 2 = $1,500,000

11. Program Performance:
    a. What is the specific purpose or goal that will be achieved by the funds requested?
        Provide Bradford County with an emergency evacuation shelter and a SART barn facility & Fairgropunds
    b. What are the activities and services that will be provided to meet the intended purpose of these funds?
        Annual Fair and Midway along with priority usage as an evacuation shelter.
    c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Increase Bradford County Benefits including, but not limited to The Bradford Food Pantry on site and the Communities in Schools offices, Community meeting space and a large number of Animal events yearly on the property.

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

   Annual usage of the facilities will exceed 30,000 in addition to new special events and any emergency evacuations called by the Governor for Bradford County. This is expected to grow considerably with new facilities. The barn would also be a SART facility allowing evacuation of animals.

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

   Increased attendance and income along with participation at Fair and public service/private events throughout the year with several annual agricultural events including Fair City Days held each year for the youth of Bradford County.

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?**

   Standards adequate with Florida Statute.

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.**

   The Bradford County Fair Association, Inc. fully owns and operates the facilities and the Fair.

13. **Requestor Contact Information:**

   a. **Name:** Dale R. Woodruff  
   b. **Organization:** Bradford County Fair Association, Inc.  
   c. **Email:** drw@dalewoodruff.com  
   d. **Phone Number:** (904)964-5995

14. **Recipient Contact Information:**

   a. **Organization:** Bradford County Fair Association, Inc.
b. County: Bradford

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: Dale R. Woodruff

e. E-mail Address: drw@dalewoodruff.com

f. Phone Number: (904)964-5995

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

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