



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2523

1. **Title of Project:** Hurricane Michael - Calhoun County Ad Valorem Tax Losses

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/06/2019

4. **Project/Program Description:**

Calhoun County's budgeted ad valorem property tax revenues were \$4 million dollars prior to Michael's landfall. The county is estimated to lose 30 percent of ad valorem property tax revenue due to Hurricane Michael for fiscal year 2019-2020.

5. **State Agency to receive requested funds :** Department of Economic Opportunity

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	1,200,000
Fixed Capital Outlay	
Total State Funds Requested	1,200,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,200,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020		100.0%

8. **Has this project previously received state funding?** No

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

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	General Governmental Operations	1,200,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,200,000

11. Program Performance:

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

Bridging the gap for estimated ad valorem property tax revenue loss for normal governmental operations.

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

Funding of constitutional officers and county departments including Sheriff's Department, Health Department, Volunteer Fire Departments, Senior Citizens Center, and other general essential government operations.

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

Essential governmental operations

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

All residents of Calhoun County. Approximately 15,000 individuals.

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

Bridging the gap for revenue losses.

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 in the contract?

Repayment of funds.

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.

Calhoun County

13. Requestor Contact Information:

a. Name: Gene Bailey

b. Organization: Calhoun County Board of County Commissioners

c. E-mail Address: gbailey@calhouncountygov.com

d. Phone Number: (850)674-8075



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14. Recipient Contact Information:

a. **Organization:** Calhoun County Board of County Commissioners

b. **County:** Calhoun

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:** Gene Bailey

e. **E-mail Address:** gbailey@calhouncountygov.com

f. **Phone Number:** (850)674-8075

15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**