

1.

**Project Title** 

## **The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021**

LFIR # 2133

- 2. **Senate Sponsor** George Gainer 3. Date of Request 01/03/2020 4. **Project/Program Description** This project will provide a place for the City of Jacob to gather during special events and meetings that the city does. Also, this community center can be used as a place of refuge after a storm such as Hurricane Michael.
- State Agency to receive requested funds Department of Economic Opportunity 5.

### ○ Yes ● No State Agency contacted?

#### Amount of the Nonrecurring Request for Fiscal Year 2020-2021 6.

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	600,000
Total State Funds Requested	600,000

The Jacob City Community Center

Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project) 7.

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	600000	100.0 %	
Matching Funds			
Federal	00	0 %	
State (excluding the amount of this request)	00	0 %	
Local	00	0 %	
Other	00	0 %	
Total Project Costs for Fiscal Year 2020-2021	600,000	100 %	

#### Has this project previously received state funding? 8. ○ Yes No

If yes, provide the most recent instance:

Fiscal Year	ount	Specific		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed

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

If yes, indicate nonrecurring amount per year.



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### 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					
Expense/Equipment/ Travel/Supplies/Other					
Consultants/Contracted Services/Study					
<b>Operational Costs: Oth</b>	er				
Salary and Benefits					
Expense/Equipment/ Travel/Supplies/Other					
Consultants/Contracted Services/Study					
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/ Land/Planning Engineering	Engineering and construction services.	600,000			
Total State Funds Re	600,000				



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### 11. Program Performance

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

Jacob City currently has nowhere to meet to hold citywide events or gatherings. This community center will allow the city to do things at a central location and gather for special events and holidays.

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

The community center will be a gathering place for the city to hold functions for its citizens.

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

It will allow the community to gather together for special events as well as be a place of refuge after storms such as Hurricane Michael.

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

The community center will serve the entire city during special events and holidays.

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

The community center will allow the community to be united with events held to bring them closer together and interact with one another.

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?

None.



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# 12. 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.

	С	ity of Jacob.	-			
13.	Re	equestor Contact	t Information			
	a.	First Name	Carl	Last Name	Bailey	
	b.	Organization	City of Jacob			
	c.	E-mail Address	jacobcity@wfeca.net			
	d.	Phone Number	(850)326-4116	Ext.		
14.	Re	cipient Contact	Information			
	a.	Organization	City of Jacob			
	b.	Municipality and	County Jackson			
	C.	Organization Typ	De			
	<ul> <li>For-profit Entity</li> <li>Non-Profit 501(c) (3)</li> </ul>					
		O Non-Profit 8	501(c) (4)			
		Local Entity	,			
		<ul> <li>University c</li> </ul>	or College			
		Other (plea	se specify)			
	d.	First Name	Carl	Last Name	Bailey	]
	e.	E-mail Address	acobcity@wfeca.net			]
	f.	Phone Number	(850)3264116			
15.	Lo	obbyist Contact I	nformation			
		Name	None			
		Firm Name	None			
	c.	E-mail Address				
		Phone Number		Ext.		