



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2257

1. **Project Title** FTE Loss - Yr 2 - Hurricane Michael Recovery2. **Senate Sponsor** George Gainer3. **Date of Request** 12/30/20194. **Project/Program Description**

Allow our area to rebuild and improve post-Hurricane Michael by maintaining stability for students and employees. This will improve economic impact for our county by allowing school district to retain employees and provide continued service to students.

5. **State Agency to receive requested funds** Department of EducationState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	4,000,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>4,000,000</b>

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

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	4000000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>4,000,000</b>	<b>100 %</b>

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	12,435,318	95A	No

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries and benefits for all school district personnel, including teachers, paraprofessionals, custodial, transportation and maintenance, clerical, and administrators.	4,000,000
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input style="width: 90%;" type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		4,000,000



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#### 11. Program Performance

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

Currently, BDS is the county's largest employer and we play a critical role in the recovery of Bay County outside of our foundation as the school system. We believe that students will return once the housing is rebuilt but in the meantime, we need to secure funding to continue to provide stable employment for our faculty, staff, and administrators.

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

Educational Services

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

Direct services will be continued normal operation to help bridge the temporary gap in loss of students so that we can maintain a solvent district for our students, our families, and our employees.

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

Pre-school Students  
Grade School Students  
High School Students  
Target Population > 25,000

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

Quality of education for students will remain intact and to maintain current employment levels.

- 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?

Return of funds.



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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.

N/A

13. Requestor Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☒ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.