



# The Florida Senate

## Local Funding Initiative Request – Fiscal Year 2017-2018

1. Senate Sponsor:

2. Date of Request:

3. Project/Program Description:

4. Amount of Request:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
<input type="text" value="0.00"/>	<input type="text" value="1.5 million"/>	<input type="text" value="1.5 million"/>

5. Total Project Cost (if greater than Total Requested State Funds):

6. Type, Amount and Percent of Match:

Type	Amount	Percent
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text"/>

7. Was the project previously funded by the State? No

Fiscal Year(s)	Amount

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

9. Program Performance (if needed, include additional documentation):
- How will requested funds be spent? Include supporting documentation.
  - Identify expected program results and the expected benefit associated from the requested funds.
  - Who will benefit from receipt of State funds?
  - What specific measures will be used to document performance data for the project, if it receives funds?

10. Requestor Contact information:
- Name and Title:
  - Organization:
  - E-mail Address:
  - Phone Number:

11. Recipient Contact Information:
- Organization:
  - Municipality and County:
  - Organization type (check all that apply):



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- For-profit Corporation
- Not-for-profit Corporation
- 501c3 entity
- Other (please specify)

d. Contact Name and Title:

Municipality

Jim Dean, City Manager

e. E-mail Address:

jim.dean@cityofmarianna.com

f. Phone Number:

850-718-3483