1. **Title of Project:** Jacob Bus Shelter
2. **Senate Sponsor:** George Gainer
3. **Date of Submission:** 02/06/2019
4. **Project/Program Description:**
   The City of Jacob wants two new bus shelters to place throughout the city. The two new bus shelters will provide additional shelter alongside MLK Road and N. Golden Road to kids who are picked up and dropped off by the county school buses.
5. **State Agency to receive requested funds:** Department of Transportation
   State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>63,495</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>63,495</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>63,495</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>63,495</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

Page 1 of 3
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

Operational Costs:
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 63,495

Total State Funds Requested (must equal total from question #6) 63,495

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   The two bus shelters will provide additional shelters throughout the city. These shelters will accommodate more students and provide them with safety and a place to wait for the school bus during adverse weather.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   The bus shelters to be constructed will provide a central location in a specified area of the city along two roads in the city.

c. What are the direct services to be provided to citizens by the appropriations project?
   This project will provide safety for kids waiting for the school bus and shelter for adverse weather.

d. Who is the target population served by this project? How many individuals are expected to be served?
   1) Children waiting on the school bus. 2) The entire City of Jacob.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   This project will create a safe place in the city to wait on school buses picking up and dropping children off.

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?
   Standard contract penalties.

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 City of Jacob.

13. Requestor Contact Information:
   a. Name: Carl Bailey
   b. Organization: City of Jacob
   c. E-mail Address: jacobcity@wfecanet
   d. Phone Number: (850)326-4116
14. **Recipient Contact Information:**
   
   a. **Organization:** City of Jacob  
   b. **County:** Jackson  
   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:** Carl Bailey  
   e. **E-mail Address:** jacobcity@wfeca.net  
   f. **Phone Number:** (850)326-4116

15. **Lobbyist Contact Information**
   
   a. **Name:** None  
   b. **Firm Name:** None  
   c. **E-mail Address:**  
   d. **Phone Number:**