



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1991

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The program will address the lack of options for residents, both adults and children, to access a place for recreation and exercise for health prevention measures; access space and assistance for business incubation; increase access to healthy foods and training to not only grow healthy foods but how to cook healthy foods; and access training in aquaponics.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

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

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="350,000"/>
Total State Funds Requested	350,000

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)	<input style="width: 80%;" type="text" value="350000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	350,000	100 %

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		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Building of structures at the site of HCDC; renovation of the gymnasium; and purchase of equipment.	350,000
Total State Funds Requested (must equal total from question #6)		350,000



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11. Program Performance

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

The HCDC program addresses chronic disease issues in Gadsden County by providing access to recreation opportunities and exercise activities, training for farmers or individuals interested in growing their own fish and produce in aquaponics systems, and business incubation.

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

The HCDC is growing produce in aquaponics systems with tilapia as the provider of the waste needed to fertilize the plants. This healthy good is available to the public, and HCDC will train the individuals to grow their own meat (fish) and produce. Recreation and exercise opportunities will be available, addressing the health issue in Gadsden County for all age groups. Additionally, everyone will have the ability to workout, even in inclement weather. Renovation of the gymnasium will provide an additional place for the public to come, serving as a storm shelter in addition the already renovated cafeteria. Completion of other structures at the site will make the HCDC more sustainable and in a better position to provide employment for the residents. The HCDC is currently a part of the beginning farmers program at the FAMU Cooperative Extension and houses the Boys and Girls Club and Boy Scout Troop 254.

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

Recreational activities for all age groups
Access to healthy foods
Training how to prepare healthy foods
Storm shelter services post-storm
Business incubation services
Training in how to grow healthy foods and fish in an aquaponic system

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

HCDC expects to serve 10-20,000 or more people a year. Currently, HCDC is close to serving 10,000 through social events and youth activities. Individuals expected to be served include: elderly persons; persons with poor physical health; jobless persons; economically disadvantaged persons; at-risk youth; homeless persons; grade school, high school, and college students; and individuals attending social events.

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

Improve agricultural production/promotion/education
Increase or improve economic activity
Create specific immediate job opportunities
Enhance specific individual's economic self sufficiency

- 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.**

Havana Community Development Corporation, Inc.

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.