



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2189

1. **Project Title** City of Freeport - Community Center

2. **Senate Sponsor** George Gainer

3. **Date of Request** 01/06/2020

4. **Project/Program Description**

Provide a 4,000 SF interior space, parking, access roads, and associated stormwater management system. Space will be used to hold events and gatherings for the local community.

5. **State Agency to receive requested funds** Department of Economic Opportunity

State Agency contacted? ☐ Yes ☒ No

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

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	1,794,000
<b>Total State Funds Requested</b>	<b>1,794,000</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)	1794000	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>1,794,000</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		

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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Engineering and construction.	1,794,000
<b>Total State Funds Requested (must equal total from question #6)</b>		1,794,000



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#### 11. Program Performance

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

The project will provide public space for events, seminars, training, courses, voting, school events, and any other events approved by the city council.

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

A 4,000 square foot indoor space along with parking and related access will be constructed.

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

Community space for local residents.

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

The target population is the entire population of Freeport.

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

Improved education for the public by having the public space to offer training and educational seminars. This can be measured by a comparison of the courses, training, and seminars and related attendance at the old community center vs. the new community center after 1 year. A reduction in youth crime due to having available space to provide activities catered towards those in need of assistance. This can be measured by a comparison of the events and activities and related attendance at the old community center vs. the new one after 1 year.

- 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?

The funding may be eliminated due to lack of performance.



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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.**

City of Freeport.

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.