



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1291

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

4. **Project/Program Description**

To build a dual-purpose building that functions as a pet friendly Emergency evacuation shelter and Senior Citizens Center. Baker County receives evacuees from costal communities and currently doesn't have a designated pet-friendly shelter. The current senior center was built in 1935 and has limited parking, meal, kitchen and recreation facilities for seniors. Our Council on Aging provides meals both on site and delievered to Baker County seniors and want to increase the seniors served.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,100,000
<b>Total State Funds Requested</b>	<b>2,100,000</b>

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,100,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>2,100,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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If yes, indicate the amount of funds received and what the funds were used for.

#### 11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The proposed project is a 9,900 s.f. building that includes office space, dining room, commercial kitchen, and game room. Baker County owns existing property for this facility. The site plan and building design is complete. Funding is construction only.	2,100,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,100,000</b>

#### 12. Program Performance

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

To build a dual-purpose building that functions as a pet friendly Emergency evacuation shelter and Senior Citizens Center. Baker County receives evacuees from coastal communities and currently doesn't have a designated pet-friendly shelter. The current senior center was built in 1935 and has limited parking, meal, kitchen and recreation facilities for seniors. Our Council on Aging provides meals both on site and delivered to Baker County seniors and want to increase the seniors served.

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

A new much needed facility to provide congregate and meals on wheels and daily activities to local senior citizens. When necessary, an emergency, pet-friendly, evacuation shelter.

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

A readily available storm shelter separate from our school system, which are currently the only shelters in the County. A more appropriate facility to serve our senior citizens. Over 22,000 meals are served annually in the existing facility. A new facility would expand to provide support to Baker County Seniors and the entire community.

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

General Population (Emergency Shelter), Elderly persons, Economically disadvantaged persons, physically disabled.

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



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By providing an updated, ADA compliant, pet-friendly Emergency Evacuation Shelter. Usage calculations during emergencies can be determined through users and meals provided. Additionally, the existing storm shelter in Baker County is located at an area Elementary School. In the past, this has delayed the reopening of schools after an evacuation period due to the need to keep the shelter open. A new facility would also alleviate this problem.

By providing a more appropriate facility to serve our senior citizens. Over 22,000 meals are served annually in the existing facility.

**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 the contract?**

Failure to provide more robust services to our local senior citizens. Failure to provide an adequate, pet-friendly, evacuation shelter to our community and neighboring coastal counties for evacuees.

**13. 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.**

The Baker County Board of County Commissioners will own the facility. The Baker County Council on Aging will operate the senior citizens center on a daily basis. During times of disaster there will be a collaboration effort between Baker County, the COA and emergency management.



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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