



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1437

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project would make the Madison County Agricultural and Expo Center handicapped accessible, add required safety equipment and expand the arena seating to accommodate more attendees to help the facility become more financially sustainable. This project will benefit handicapped individuals and also will make the facility more attractive to anyone. It will be safer for everyone to attend events and functions that are being held there and more people will be able to utilize the facility.

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	650,000
Total State Funds Requested	650,000

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)	650,000	65%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	350,000	35%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	1,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
>5 years	0	500,000		No

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.

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.

CARES Act funds were made available to the County from the Federal Government. These funds were used for PPE and other public health related items due to the COVID-19 pandemic.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	The funds requested will be used to retain services from licensed professionals to develop renovation plans for the facility for renovation and ADA compliance.	65,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The funds requested will be used to make this facility ADA compliant, add required safety equipment, expand and renovate the arena seating area, and complete needed renovations to the roof.	585,000
Total State Funds Requested (must equal total from question #6)		650,000

12. Program Performance

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

The funds requested are to make the Madison County Agricultural and Expo Center handicapped accessible, add required safety equipment and expand the arena seating to accommodate more attendees to help the facility become more financially sustainable.

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

Currently the facility is not handicapped accessible. By making the facility handicapped accessible, increasing the seating and adding required safety features, it will be able to host more events and more people will be able to attend which will bring more revenue in to the facility.

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

The Madison County Agricultural and Expo Center had previously only hosted one 4H Livestock Show event per year. The Madison County Chamber of Commerce and the Soil and Water Conservation office are currently housed in the facility now and a wide variety of agricultural, civic, educational and family entertainment events are being held and more are being planned.

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

The target population is the general public. These funds will not only benefit handicapped individuals but will make the facility more attractive to anyone as it will also be safer to attend events and functions that are being held there and more people will be able to utilize the facility. Based on our projections with the increased seating, we expect 31,000 visitors annually.

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



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be measured?

The expected benefit of the project is to have a safe, handicapped accessible facility with more seating capacity. The methodology to measure the success of the improvements will be in the form of increased revenue to Madison County from the additional seating and the resulting additional events, functions and educational opportunities that will be created with a safer, handicapped accessible 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?

The suggested penalty is to return any funds not expended by Madison County to complete the stated objectives of making the facility handicapped accessible, add required safety features and increase seating in the arena area.

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 owner of the facility is the Department of Agriculture. The Madison County Board of County Commissioners leases the facility from the Department of Agriculture.



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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