The Florida Senate
Local Funding Initiative Request
Fiscal Year 2021-2022

LFIR # 1438

1. Project Title
   Hamilton County Health Security/ADA

2. Senate Sponsor
   Loranne Ausley

3. Date of Request
   02/05/2021

4. Project/Program Description
   The Hamilton County Board of County Commissioners owns the building being used by the Hamilton County Health Department. The building is in need of ADA compliant bathrooms, ADA compliant building entry/exit, and staff security (Hardening) features for the protection of life.

5. State Agency to receive requested funds
   Department of Health

   State Agency contacted? No

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>325,000</td>
</tr>
</tbody>
</table>
   Total State Funds Requested | 325,000|

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>325,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

   Matching Funds
   | Federal                  | 0      | 0%         |
   | State (excluding the amount of this request) | 0      | 0% |
   | Local                    | 0      | 0%         |
   | Other                    | 0      | 0%         |
   Total Project Costs for Fiscal Year 2021-2022 | 325,000 | 100% |

8. Has this project previously received state funding? No

9. Is future funding likely to be requested?
   No
   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?
    No
    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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Operational Costs: Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td>Renovation of pre-ADA bathrooms to accommodate ADA patients. Mechanical entry/exit and walkway upgrades for ADA patients. Reception area security enhancements for staff security precautions in the event of an active shooter.</td>
<td>325,000</td>
</tr>
</tbody>
</table>

Total State Funds Requested (must equal total from question #6) 325,000

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

   Renovation of pre-ADA bathrooms to accommodate ADA patients. Mechanical entry/exit and walkway upgrades for ADA patients. Reception area security enhancements for staff security precautions in the event of an active shooter.

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

   Hardened facilities with bulletproof glass in patient/reception area. Ability for ADA clients to use bathroom facilities.

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

   Client/staff safety building enhancements and ADA capabilities for bathrooms.

   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 Hamilton County using the County Health Department.

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

   Client/staff safety building enhancements and ADA capabilities for bathrooms. Hardened facilities with bulletproof glass in patient/reception area. Ability for ADA clients to use bathroom facilities.

   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?
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.

Hamilton County Board of County Commissioners to receive the funding and are the property owners for the people of Hamilton County.
14. Requestor Contact Information
   a. First Name: Louie
   b. Organization: Hamilton County Board of Commissioners
   c. E-mail Address: hamitoncounty@windstream.net
   d. Phone Number: (386)792-6639

15. Recipient Contact Information
   a. Organization: Hamilton County Board of Commissioners
   b. Municipality and County: Hamilton
   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: Louie
   e. E-mail Address: hamitoncounty@windstream.net
   f. Phone Number: (386)792-6639

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

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