



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1736

1. Project Title Washington Complex Community Center ADA Compliant Restrooms - Port St. Joe

2. Senate Sponsor Lorraine Ausley

3. Date of Request 02/05/2021

4. Project/Program Description

ADA compliant restrooms for the Washington Complex. The current restrooms are too small and not ADA compliant. The facility is utilized by CareerSource Gulf Coast for its summer programs as well as community events on a regular basis.

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

State Agency contacted? No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	150,000
<b>Total State Funds Requested</b>	<b>150,000</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)	150,000	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>150,000</b>	<b>100%</b>

8. Has this project previously received state funding? No

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

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.



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#### 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	Construction	150,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>150,000</b>

#### 12. Program Performance

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

ADA compliant restrooms for the City of Port St. Joe Community Center at the Washington Complex.

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

CareerSource Gulf Coast (local workforce board) summer programs and community events.

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

ADA compliant restrooms.

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

Citizens of Port St. Joe, a population of approximately 3,525.

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

Safe, clean restrooms for the Port St. Joe Community Center.

**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?**

Standard contract penalties will be sufficient.

#### 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.

City of Port St. Joe



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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