



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1775

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Calhoun County is desperately in need of a 150 bed jail and communications center. The project will provide a safe structure for housing inmates and the 911 operations of the county. The building was not safe for our inmates, nor our Sheriff's Office personnel, during Hurricane Michael. I am attaching a statement from the Sheriff and the 911 Coordinator who were in the building during Hurricane Michael.

The building continues to leak and the structure continues to deteriorate. Our Fiscally Constrained County has not had the funding necessary to replace the jail structure.

In addition, the female inmates are currently being housed out of our county, as we do not have a place for them. This is costing Calhoun County more money than in-housing, not to mention transporting the females to and from the other facility when booking and for court, etc.

When constructing a new jail, we will add a female dormitory to solve this problem.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

| Type of Funding | Amount |
|------------------------------------|-------------------|
| Operations | 0 |
| Fixed Capital Outlay | 10,000,000 |
| Total State Funds Requested | 10,000,000 |

7. **Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

| Type of Funding | Amount | Percentage |
|--|-------------------|-------------|
| Total State Funds Requested (from question #6) | 10,000,000 | 100% |
| 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 2022-2023 | 10,000,000 | 100% |

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.**



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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?

Yes

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

We received funding for extra required courthouse security deputies that were needed to cover CDC social distancing (and other) requirements.

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 | | 0 |
| 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 | Jail/Communications facility | 10,000,000 |
| Total State Funds Requested (must equal total from question #6) | | 10,000,000 |

12. Program Performance

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

Calhoun County is desperately in need of a 65 bed jail and communications center. The project will provide a safe structure for housing inmates and the 911 operations of the county. The building was not safe for our inmates, nor our Sheriff's Office personnel, during Hurricane Michael. I am attaching a statement from the Sheriff and the 911 Coordinator who were in the building during Hurricane Michael.

The building continues to leak and the structure continues to deteriorate. Our Fiscally Constrained County has not had the funding necessary to replace the jail structure.

In addition, funding will allow for us to house our female inmates in Calhoun County.

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

Public safety will be enhanced for the county for both law-abiding and law-breaking individuals.

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

Enhanced emergency dispatch services, including a safe place for the dispatchers to initiate emergency services. Also, a safe structure for housing the individuals who have violated the law. This keeps them safely incarcerated.

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



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The entire population of Calhoun County and surrounding areas. At a minimum, 14,625 citizens.

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

Safer structure for housing inmates (males and females) and dispatching emergency services.

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?

Withholding future funding

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.

Calhoun County, Florida - Calhoun County Sheriff's Office is a constitutional office of the governing body of Calhoun County, Florida.



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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) Local Government

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