



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2149

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Renovation/Construction of existing facility at agricultural arena and fairgrounds. Specifically focusing on construction of roof over existing arena and update of facilities.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	850,000
Total State Funds Requested	850,000

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)	850,000	92%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	75,000	8%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	925,000	100%

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
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	design and engineering	85,000
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	actual construction of project	765,000
Total State Funds Requested (must equal total from question #6)		850,000

12. Program Performance

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

Improvements will enhance the life and sustainability of agricultural activities of both a recreational and educational nature. It will be utilized to host regional agricultural, livestock, and equine events. Current facility is over 50 years old and modernization of amenities is needed to accommodate current needs.

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

Project will ensure 365 days annual utilization/availability of facility.

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

Outdoor events will be available year-round without consideration of all but most severe weather events.

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

All ages and demographics will be served by this project as well as special needs population for regional events.

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

Improvement will allow for year round utilization of the facility therefore enhancing the economic and educational benefits to increase despite inclement weather conditions.

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?

Project will be completed.

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



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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