

1. Project Title

2. Senate Sponsor

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Sneads Health & Recreation Renewal Project

George Gainer

LFIR # 2462

3. Date of Request	01/17/2022						
4. Project/Program D	escription						
provide a functional day documenting the Recreation Renewatown's ball field light unified contact from these lights for the	, safely open-air space negative effects of Project is urgently ting system which he residents calling foworking families of \$1.00 \$	ace for all of its yon children from leaded. Specificated as left useless for a replacement Sneads but the n	the irreparably damaged young residents to accest lack of socialization and cally, this project will pro rom hurricane Michael. To of the lighting system. To nunicipal government, the nd the ball field, the Tow	is and utilize. As evi- recreation, the Town ovide the funding neo The Town Council re the Council has the u at serves only 1,800	dence emerges each n of Sneads Health & cessary to replace the ceives consistent and utmost desire to replace o residents, cannot fund		
5. State Agency to re	<u> </u>		rtment of Environmental				
State Agency cont	•						
6. Amount of the Non	recurring Request	for Fiscal Year	2022-2023				
Type of Funding			Amo	Amount			
Operations				0			
Fixed Capital Outla	У		825,000				
Total State Funds	Requested		825,000				
7. Total Project Cost	for Fiscal Year 202	2-2023 (includi	ng matching funds ava	nilable for this proje	ect)		
Type of Funding			Amount	Percentage			
	Requested (from que	estion #6)	825,000	97%			
Matching Funds							
Federal			0	0%			
State (excluding the	e amount of this req	uest)	0	0%			
Local			25,000	3%			
Other			0	0%			
Total Project Cost	s for Fiscal Year 2	022-2023	850,000	100%			
8. Has this project pr	eviously received	state funding?	No				
Fiscal Year	Amount		Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurrin	g Appropriation #				
9. Is future funding li	kely to be request	ed?	No				
a. If yes, indicate r	nonrecurring amou	ınt per year.					
h Describe the so	urce of funding th	at can be used	in lieu of state funding				
S. Describe trie 30	a. Jo or randing the		or state funding	•			
10. Has the entity red	questing this proje	ct received any	federal assistance rela	ated to the COVID-	19 pandemic?		



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Yes

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

Yes, the town has received funds from the American Rescue Plan Act. Due to restrictions on how those funds can be used the Town is unable to fund any of this project with those federal dollars.

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/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering	The Town of Sneads will contract with a vendor through competitive procurement to remove all of the destroyed industrial field lights that were damaged by Hurricane Michael and then install new lights, associated pole and electrical wires and a new lighting control system.	825,000				
Total State Funds Requested (must equal total from question #6)						

12. Program Performance

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

The Town intends to make strategic replacements to the irreparably damaged lighting system at its recreational parks to provide a functional, safely open-air space for all of its young residents to access and utilize. As evidence emerges each day documenting the negative effects on children from lack of socialization and recreation, the Town of Sneads Health & Recreation Renewal Project is urgently needed.

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

The Town will contract with a vendor that can replace the lighting system as explained within this document.

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

The Town's park and recreational facilities are available for use by all residents in the Town of Sneads. The provision of this public recreational infrastructure will improve the health, safety, and wellness of the community at large, but does not constitute a "direct service" being provided.

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

The residents of Sneads Florida, residents surrounding Sneads within unincorporated Jackson County who live close to the town, and residents from neighboring Gadsden County who rely on the recreational programs that Sneads offers. A rough estimate, 4,000 people will benefit from this project.

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



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This project will benefit the residents in and closely around the Town of Sneads, Florida. There will be an increase in citizen participation in local organized recreational activities, such as baseball leagues. Overall, the Sneads residents desire the lights to be replaced this will lead to greater satisfaction within the community.

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?

On paper, this is a straightforward capital outlay project. In the event the market adjusts downwards and the Town could complete this whole project for much less than the requested the amount, the contracting agency could require the reversion of surplus funds.

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 municipal government of the Town of Sneads, Florida.



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14. Reque	stor Contac	t Informat	ion						
a. Firs	t Name	Lee		Last Name	Garner				
b. Org	anization	Town of Sneads Florida							
c. E-m	ail Address	sneadsmgr@sneadsfl.com							
d. Pho	ne Number	(850)593-6636 Ext.							
15. Recipient Contact Information									
a. Orga	anization	The Town of Sneads Florida							
b. Municipality and County Jackson									
c. Organization Type									
□For	Profit Entity								
□No	□Non Profit 501(c)(3)								
□No	□Non Profit 501(c)(4)								
☑Loc	☑Local Entity								
□Uni	□University or College								
□Other (please specify)									
d. Firs	t Name	Lee		Last Name	Garner				
e. E-m	ail Address								
f. Phoi	ne Number								
16. Lobbyist Contact Information									
a. Nam		None							
b. Firm	n Name	None							
c. E-m	ail Address								
d. Pho	ne Number								