

LFIR # 2516

1. Project Title	Town of Greenv	rille Community Mo	bility		
2. Senate Sponsor	Loranne Ausley				
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3. Date of Request	01/04/2022				
4. Project/Program De	escription				
seniors in the commi	unity. There is no p o provide rides hor	oublic transit systeme from tutoring an	m and most of the res nd after school town p	idents do not have c	and credit union to the ars. This investment will hose families have no
5. State Agency to rec	eive requested fu	unds Departr	ment of Economic Opp	oortunity	
State Agency conta	cted? No				
6. Amount of the Nonr	ecurring Request	for Fiscal Year 2	022-2023		
Type of Funding			Am	ount	
Operations				0	
Fixed Capital Outlay				65,000	
Total State Funds F	Requested			65,000	
7. Total Project Cost fo	or Fiscal Year 202	22-2023 (including	g matching funds ava	ailable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds Re	equested (from que	estion #6)	65,000	100%	
Matching Funds				T	
Federal			0	0%	
State (excluding the amount of this request)			0	0%	
Local			0	0%	
Other			0	0%	
Total Project Costs	for Fiscal Year 2	022-2023	65,000	100%	
8. Has this project pre	eviously received	state funding?	No		
Fiscal Year	Am	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future funding lik	ely to be request	ed?	No		
a. If yes, indicate no	onrecurring amou	ınt per vear.			
•	_		lieu of state funding		1
b. Describe the sou	irce or runding th	at can be used in	neu or state runding].	1
10. Has the entity requ	uesting this proje	ct received any fe	ederal assistance rel	ated to the COVID-	19 pandemic?
Yes					

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



LFIR # 2516

CARES Act 2020 \$12,780 - Used for medical supplies and KIOSK to reduce face to face interaction and money handling between staff and the public. ARPA funds - \$206,000 water tower and sewer plant.

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	Passenger van.	65,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 65				

12. Program Performance

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

This investment will allow the town to provide rides to the grocery store, senior center, pharmacy, and credit union to the seniors in the community. There is no public transit system and most of the residents do not have cars. This investment will also allow the town to provide rides home from tutoring and after school town programs for youth whose families have no transportation. Most of the families in Greenville do not have cars.

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

Rides will be provided to the town square for grocery shopping, senior center programs, and youth programs.

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

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

Seniors, youths, and low income families without transportation.

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

Members of the community who do not have transportation will have access to the grocery store and other city programs.

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?



LFIR # 2516

The retu	rn of the vehicle or the 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.

The Town of Greenville will be the sole owner.



LFIR # 2516

14	. Requestor Contact	Informat	ion					
	a. First Name	Lee Last Name Jones						
	b. Organization	Town of Greenville						
	c. E-mail Address	Ljones@mygreenvillefl.com						
	d. Phone Number	(850)508-6581 Ext.						
15	15. Recipient Contact Information							
	a. Organization	Town of Greenvillle						
	b. Municipality and County Madison							
	c. Organization Type							
	□For Profit Entity							
	□Non Profit 501(c	c)(3)						
	□Non Profit 501(c	c)(4)						
	☑Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Lee		Last Name	Jones			
	e. E-mail Address	Ljones@mygreenvillefl.com						
	f. Phone Number							
16	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address	S						
	d. Phone Number							