



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2571

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Public Works facility was constructed in 1976. It lacks a backup power generator, storage system for portable water pipes, aggregate materials storage bins, a security wall for the rear of the facility and security entry gates. The roofing system is also showing its age.

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	800,000
Total State Funds Requested	800,000

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)	800,000	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	800,000	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.

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?

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



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- 1.) Department of Treasury = American Rescue Plan - \$3,978,531 (directly to the City through State from federal funds) - Coronavirus Local Fiscal Recovery
2. Department of Justice = CARES Act - \$84,741 (directly to the City, federal funds) BJA FY20 Coronavirus - 2020-VD-BX-1836
3. Department of Treasury = CARES Act for Programs - \$2,099,999.98 - (pass through to the City from the County, federal funds)
4. Department of Treasury=CARES Act for Operating Reimbursements - \$2,002,093.09

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	fix backup power generator, storage system for portable water pipes, aggregate materials storage bins, a security wall for the rear of the facility and security entry gates. The roofing system is also showing its age.	800,000
Total State Funds Requested (must equal total from question #6)		800,000

12. Program Performance

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

Improve working conditions and material storage.

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

New backup power generator, water pipes storage system, aggregate storage bins and security wall.

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

Better working conditions for the staff.

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

Public Works Staff.

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

Improve working conditions and material storage and access.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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for failing to meet deliverables or performance measures provided for the contract?

Staff safety.

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.

N/A



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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