

LFIR # 2792

1.	Project Title	Gilchrist County	Jail Facilty				
2.	Senate Sponsor	Jennifer Bradley					
3.	Date of Request	02/04/2022					
4.	Project/Program De	scription					
	owned by the county contracts with adjoini to construct the facility	 The county's curreing counties to hou ty through an appronts to pay toward the 	ent Jail was b se overflow ir oved bid proc ne new facility	ouilt in nmates ess. Th y. The	1965 and house approces. The county has conne current bid cost is county is seeking fun	oximately 40 inma estruction plans, de \$12 million, and th	ion for the new facility is tes. Currently the county sign and chosen a firm e county has \$6 million nal needed \$6 million.
5.	State Agency to rec	eive requested fu	nds De	partme	ent of Law Enforceme	ent	
	State Agency contact	cted? No					
6.	Amount of the Nonre	ecurring Request	for Fiscal Ye	ear 202	22-2023		
	Type of Funding				Amo	unt	
	Operations					0	
	Fixed Capital Outlay					6,000,000	1
	Total State Funds R	Requested				6,000,000	
7.	Total Project Cost fo	or Fiscal Year 202	2-2023 (inclu	ıding r	matching funds avai	lable for this proj	ect)
	Type of Funding				Amount	Percentage	
	Type of Funding Total State Funds Re	equested (from que	stion #6)		Amount 6,000,000	Percentage 50%	
	Total State Funds Re Matching Funds	equested (from que	stion #6)		6,000,000	50%	
	Total State Funds Re Matching Funds Federal				6,000,000	50%	1
	Total State Funds Re Matching Funds Federal State (excluding the				6,000,000	50% 0% 0%	
	Total State Funds Re Matching Funds Federal State (excluding the a				6,000,000 0 6,000,000	50% 0% 0% 50%	
	Total State Funds Re Matching Funds Federal State (excluding the a Local Other	amount of this requ	uest)		6,000,000 0 6,000,000 0	50% 0% 0% 50% 0%	
	Total State Funds Re Matching Funds Federal State (excluding the a	amount of this requ	uest)		6,000,000 0 6,000,000	50% 0% 0% 50%	
8.	Total State Funds Re Matching Funds Federal State (excluding the a Local Other	amount of this requ	uest)	3 ?	6,000,000 0 6,000,000 0	50% 0% 0% 50% 0%	
8.	Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project pre	amount of this requ	uest) 022-2023 state funding	j?	6,000,000 0 6,000,000 0 12,000,000 Yes	50% 0% 0% 50% 0%	
8.	Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project pre	amount of this requ for Fiscal Year 20 viously received	uest) 022-2023 state funding		6,000,000 0 6,000,000 0 12,000,000	50% 0% 0% 50% 100%	
8.	Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project pre	amount of this requested for Fiscal Year 20 eviously received s	nest) 022-2023 state funding ount Nonrecurr		6,000,000 0 6,000,000 0 12,000,000 Yes Specific Appropriation #	50% 0% 0% 50% 100%	
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	Total State Funds Remark Matching Funds Federal State (excluding the algorithm of the state) Cother Total Project Costs Has this project pre Fiscal Year (yyyy-yy) 2019-20	for Fiscal Year 20 eviously received s Amo Recurring 0	punt Nonrecurr 25	ring	6,000,000 0 6,000,000 0 12,000,000 Yes Specific Appropriation #	50% 0% 50% 50% 100%	
	Total State Funds Remark Matching Funds Federal State (excluding the Electric Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy) 2019-20 Is future funding like	for Fiscal Year 20 eviously received s Amo Recurring 0 ely to be requested on recurring amou	punt Nonrecurr 25 ed? nt per year.	ring 50,000	6,000,000 0 6,000,000 0 12,000,000 Yes Specific Appropriation #	50% 0% 50% 50% 100%	
	Total State Funds Remark Matching Funds Federal State (excluding the algorithm of the state) Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy) 2019-20 Is future funding like a. If yes, indicate no	for Fiscal Year 20 eviously received s Amo Recurring 0 ely to be requested on recurring amou	punt Nonrecurr 25 ed? nt per year.	ring 50,000	6,000,000 0 6,000,000 0 12,000,000 Yes Specific Appropriation #	50% 0% 50% 50% 100%	
9.	Total State Funds Remark Matching Funds Federal State (excluding the algorithm Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy) 2019-20 Is future funding like a. If yes, indicate no	for Fiscal Year 20 eviously received s Amo Recurring 0 ely to be requested on recurring amount of this requested to the recurring amount of the recurring that the recurrence of the recurring that the recurrence of the recurrenc	ed? nt per year. nt can be use	ring 50,000	6,000,000 0 6,000,000 0 12,000,000 Yes Specific Appropriation # No eu of state funding.	50% 0% 0% 50% 0% 100% Vetoed No	
9.	Total State Funds Remark Matching Funds Federal State (excluding the algorithm of the state) Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy) 2019-20 Is future funding like a. If yes, indicate no	for Fiscal Year 20 eviously received s Amo Recurring 0 ely to be requested on recurring amount of this requested to the recurring amount of the recurring that the recurrence of the recurring that the recurrence of the recurrenc	ed? nt per year. nt can be use	ring 50,000	6,000,000 0 6,000,000 0 12,000,000 Yes Specific Appropriation # No eu of state funding.	50% 0% 0% 50% 0% 100% Vetoed No	



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

Received 3,226,866.00 CARES funds. These funds were used for grants to local business for lost income, PPE, Public Safety Payroll, operation of COVID vaccine sites, and many necessary supplies.

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	The \$6 million dollar request will be matched by the county \$6 million for Construction of jail facility.	6,000,000			
Total State Funds Requested (must equal total from question #6) 6,000,000					

12. Program Performance

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

100% construction of a new Jail facility

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

Construction of new Facility

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

A new jail facility to house inmates, along with protection and saftey of all citizens.

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

18,000

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

A new facility which meets all state and federal jail models reducing the liability, cost to the county and providing room for future needs.

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?

With the current progress in design and selecting of a qualified contractor we do not expect any issues in meeting deliverables. With the county providing 50% of the funding, the county will be willing to work on a reimbursement program for the funding if awarded. This would allow all payables before made to be reviewed and approved.



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13.	The owners of the facility to receive, directly	y or indirectly, any fixed capital outlay funding. Include the	е
	relationship between the owners of the facility		

The owner and the entity is the Gilchrist County Board of County Commissioners



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14.	14. Requestor Contact Information						
	a. First Name	Bobby		Last Name	Crosby		
	b. Organization	Gilchrist (County Board of	County Comi	missioners		
	c. E-mail Address	bcrosby@	bcrosby@gilchrist.fl.us				
	d. Phone Number	d. Phone Number (352)463-3198 Ext.					
15.	15. Recipient Contact Information						
	a. Organization	Board of	County Commiss	sioners			
b. Municipality and County Gilchrist							
	c. Organization Ty	ре					
	□For Profit Entity						
	□Non Profit 501(c	□Non Profit 501(c)(3)					
	□Non Profit 501(c)(4)						
	☑Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Bobby		Last Name	Crosby		
	e. E-mail Address						
	f. Phone Number	(352)463-3198					
16.	16. Lobbyist Contact Information						
	a. Name	None					
	b. Firm Name	None					
	c. E-mail Address						
	d. Phone Number						