

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 2109** 

| 1. Project Title                              | Dixie County Schools Ruth Rains Middle School Chiller Replacement |                  |                          |                         |              |  |  |  |
|---|---|------------------|--------------------------|-------------------------|--------------|--|--|--|
| 2. Senate Sponsor                             | Corey Simon   |                  |                          |                         |              |  |  |  |
| 3. Date of Request                            | 11/29/2023  |                  |                          |                         |              |  |  |  |
| 4. Project/Program De                         | escription  |                  |                          |                         |              |  |  |  |
| Replacement of Ch                             | iller at Ruth Rains N   | /liddle School   |                          |                         |              |  |  |  |
| 5. State Agency to re                         | ceive requested fu  | nds Depa         | rtment of Education      |                         |              |  |  |  |
| State Agency conta                            | •   |                  |                          |                         |              |  |  |  |
| S. Amount of the Non                          |   | for Fiscal Year  | 2024-2025                |                         |              |  |  |  |
| Type of Funding                               | Tecurring request   | TOT TISCAL TCAL  | Amo                      | NIM*                    | l            |  |  |  |
| Operations                                    |   |                  | Ainc                     | 0                       |              |  |  |  |
| Fixed Capital Outlay                          | ,   |                  |                          | 2,100,000               |              |  |  |  |
| Total State Funds I                           |   |                  |                          | 2,100,000               |              |  |  |  |
|   |   |                  |                          |                         |              |  |  |  |
| '. Total Project Cost f                       | or Fiscal Year 202  | 4-2025 (includi  | ng matching funds ava    | ilable for this proje   | ect)         |  |  |  |
| Type of Funding                               |   |                  | Amount                   | Percentage              |              |  |  |  |
| Total State Funds R                           | equested (from que  | estion #6)       | 2,100,000                | 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 2024-2025 |   |                  | 2,100,000                | 100%                    |              |  |  |  |
| 3. Has this project pro                       | eviously received   | state funding?   | No                       |                         |              |  |  |  |
| Fiscal Year                                   | Amount  |                  | Specific                 | Vetoed                  |              |  |  |  |
| (уууу-уу)                                     | Recurring   | Nonrecurring     | A                        | Voloca                  |              |  |  |  |
|   |   |                  |                          |                         |              |  |  |  |
| 9. Is future funding lil                      | cely to be requeste   | ed?              | No                       |                         |              |  |  |  |
| a. If yes, indicate n                         | onrecurring amou  | nt ner vear      |                          |                         |              |  |  |  |
|   | •   |                  |                          |                         | ı            |  |  |  |
| b. Describe the sou                           | arce of funding that  | at can be used i | in lieu of state funding | •                       |              |  |  |  |
|   |   |                  |                          |                         |              |  |  |  |
| 40. Haardha aadda aa a                        |   | - <b>.</b>       | f                        | - ( - 1 ( - 1) - 00\/ID | 40           |  |  |  |
| io. Has the entity req                        | uesting this projec   | ct received any  | federal assistance rela  | ated to the COVID-      | 19 pandemic? |  |  |  |
| No  |   |                  |                          |                         |              |  |  |  |
| If ves. indicate the                          | amount of funds   | received and w   | hat the funds were use   | ed for.                 |              |  |  |  |
| ,,  |   |                  |                          |                         | ]            |  |  |  |



11. Status of Construction

a. What is the current phase of the project?

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0

0

2,100,000

2,100,000

#### Complete questions 11 and 12 for Fixed Capital Outlay Projects

| Planning Design  | Construction () N//          | 4              |                    |           |
|--|------------------------------|----------------|--------------------|-----------|
| b. Is the project "shovel ready"   | (i.e permitted)?             | No             |                    |           |
| c. What is the estimated start da  | ate of construction?         | December 2024  |                    |           |
| d. What is the estimated comple  | etion date of construction?  | January 2025   |                    |           |
| 12. List the owners of the facility to relationship between the owners   |                              |                | outlay funding. In | clude the |
| Ruth Rains Middle School is ow   | ned and operated by Dixie Di | strict Schools |                    |           |
|  |                              |                |                    |           |
| 13. Details on how the requested s   | tate funds will be expended  |                |                    |           |
| 13. Details on how the requested so  | tate funds will be expended  | Description    |                    | Amount    |
| ·  | tate funds will be expended  |                |                    | Amount    |
| Spending Category  | tate funds will be expended  |                |                    | Amount    |
| Spending Category  Administrative Costs:  Executive Director/Project Head  | tate funds will be expended  |                |                    | Amount    |
| Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  | tate funds will be expended  |                |                    | Amount    |
| Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/ | tate funds will be expended  |                |                    | Amount    |

#### 14. Program Performance

Planning Engineering

Salary and Benefits

Services/Study

Consultants/Contracted

Construction/Renovation/Land/

Other

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

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

Total State Funds Requested (must equal total from question #6)

The District seeks to replace the existing chiller at the Ruth Rains Middle School. The chiller is from the original School construction from the early 1990's. The chiller has long outlived its intended life cycle and is kept operational with extensive and expensive maintenance. Due to the age of the chiller, the project will also need to include complete replacement to the HVAC control system.

Demolition of existing. Replacement of chiller and controls.

Architectural and Engineering fees. Code required Commissioning.

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

The District will engage the services of design Professionals (Architect and Engineer) to size the new chiller and ensure it is up to current Florida Building codes for cooling and heating as well as energy efficiency.

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



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In addition to the students that attend the school each day, the facility is a community hub. Non-school related sporting events are held in the gymnasium. The cafeteria and Media Center are used by local organizations for community events and meetings.

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

450 middle school students and between 250-500 community members using the gymnasium for after school sporting events and the media center and cafeteria for meetings.

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

Increased quality of comfort and increased indoor air quality. This results in the reduction or elimination of Coughing, eye irritation, headaches and allergic reactions. additionally Increased engagement in learning activities due to more consistence indoor temperatures and lower humidity levels.

The National Center on Safe Supportive Learning Environments is the method for measuring the level of benefit year over year.

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?

If the replacement is not completed on schedule, the preforming contractor would be accessed liquidated damages. These damages would be calculated as the cost, per day ,for a temporary cooling unit need for the entire school the cost would be calculated from the first day the student return until the new equipment is operational.

| 15. Requester Contact             | t Informati            | ion                           |           |        |  |  |
|-----------------------------------|------------------------|-------------------------------|-----------|--------|--|--|
| a. First Name                     | Mike                   |                               | Last Name | Thomas |  |  |
| b. Organization                   | Dixie District Schools |                               |           |        |  |  |
| c. E-mail Address                 | michaelth              | michaelthomas@dixie.k12.fl.us |           |        |  |  |
| d. Phone Number                   | (352)356-0696          |                               | Ext.      |        |  |  |
| 16. Recipient Contact Information |                        |                               |           |        |  |  |
| a. Organization                   | Dixie Dist             | Dixie District Schools        |           |        |  |  |
| b. Municipality and               | d County               | Dixie                         |           |        |  |  |
| c. Organization Ty                | ре                     |                               |           |        |  |  |
| □For Profit Entity                |                        |                               |           |        |  |  |
| □Non Profit 501(d                 | c)(3)                  |                               |           |        |  |  |
| □Non Profit 501(d                 | c)(4)                  |                               |           |        |  |  |
| □Local Entity                     |                        |                               |           |        |  |  |
| □University or Co                 | llege                  |                               |           |        |  |  |
| ☑Other (please sp                 | pecify) Sch            | nool District                 |           |        |  |  |
| d. First Name                     | Mike                   |                               | Last Name | Thomas |  |  |
| e. E-mail Address                 | michaelth              | nomas@dixie.k12               | ?.fl.us   |        |  |  |



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| f. Phone Number        | (352)356-0696              |  |
|------------------------|----------------------------|--|
| 17. Lobbyist Contact I | nformation                 |  |
| a. Name                | Nicole Kelly               |  |
| b. Firm Name           | The Southern Group         |  |
| c. E-mail Address      | kelly@thesoutherngroup.com |  |
| d. Phone Number        | (850)671-4401              |  |