

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

LFIR # 2136

1. Project Title	Wakulla County	Community Cer	nter SI	helter Expansion		
2. Senate Sponsor	Corey Simon					
3. Date of Request	12/05/2023					
4. Project/Program D	Description					
improvements addi	and construct ADA coress post-disaster ness once the schools ha	eds that are cor	nducte	ed at the Center, as	s it serves as a distr	ibution center and as a
5. State Agency to re	eceive requested fu	nds Divisi	on of	Emergency Manag	jement	
State Agency cont	tacted? No					
6. Amount of the Nor	nrecurring Request	for Fiscal Year	2024	-2025		
Type of Funding				Amo	ount]
Operations					0	-
Fixed Capital Outla					450,000	1
Total State Funds	Requested				450,000	
7. Total Project Cost	for Fiscal Year 202	4-2025 (includi	ng ma	atching funds ava	ilable for this proj	ect)
Type of Funding				Amount	Percentage]
	Requested (from que	estion #6)		450,000	100%	-
Matching Funds				_		1
Federal				0	0%	1
	e amount of this requ	ıest)		0	0%	1
Local				0	0%	
	Other Total Project Costs for Fiscal Year 2024-2025			4 50,000	0% 100%	1
Total Floject Cost	is for i iscar i ear 20	124-2023		450,000	100 /6	J
8. Has this project p	reviously received	state funding?	1	No		
Fiscal Year	Amount			Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurrin	g	Appropriation #		
9. Is future funding I	ikalu ta ba raguaate	- d 3	_	lo		
J	•			10		7
a. If yes, indicate	nonrecurring amou	nt per year.				
b. Describe the so	ource of funding that	at can be used	in lie	u of state funding	•	_
n/a						
10. Has the entity re	guesting this projec	ct received any	fede	ral assistance rela	ated to the COVID-	·19 pandemic?
Yes	4omig tino projet		1040			. o pariaonno i
If yes, indicate the	e amount of funds i	received and w	hat th	ne funds were use	ed for.	



11. Status of Construction

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Received a total of \$6,553,405 of ARPA funds. Addressed wastewater effluent management storage, community support programs, COVID-19 programs, and vaccine pods.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?	
	N/A
b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	07/01/2025
d. What is the estimated completion date of construction	12/30/2026
12. List the owners of the facility to receive, directly or indirelationship between the owners of the facility and the	
Wakulla County is the entity and the owner.	

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	n/a	0		
Other Salary and Benefits	n/a	0		
Expense/Equipment/Travel/Supplies/ Other	n/a	0		
Consultants/Contracted Services/Study	n/a	0		
Operational Costs: Other				
Salary and Benefits	n/a	0		
Expense/Equipment/Travel/Supplies/ Other	n/a	0		
Consultants/Contracted Services/Study	n/a	0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	Contractual design, bidding, project management and engineering services during construction and construction services.	450,000		
Total State Funds Requested (must equal total from question #6) 450				

14. Program Performance

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

Goal is to design and construct ADA compliant restrooms and showers at County owned facility. These critical improvements address post-disaster needs that are conducted at the Center, as it serves as a distribution center and as a shelter to evacuees once the schools have reopened and continued services are necessary in this Rural Area of Opportunity.

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



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Funds will be used to design and construct ADA compliant restrooms and showers through the County's procurement policies and procedures. These critical improvements address post-disaster needs that are conducted at the Center, as it serves as a distribution center and as a shelter to evacuees once the schools have reopened and continued services are necessary.

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

Direct services to residents include providing post disaster shelter to evacuees in weather related disasters. Appropriate facility to allow for post-disaster events for food distribution, showers, comfort services and shelter as needed and that meets the demands and needs of the residents that reside in this Rural Area of Opportunity.

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

Target population served is residents, visitors and the business community of Wakulla County, which is designated as a Rural Area of Opportunity (s. 288.0656, Florida Statutes). Greater than 37,000 individuals.

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

Benefit is expanded facility allows for adequate ADA compliant accommodations in order to provide a point of distribution, comfort area, and post-disaster shelter and provide continued protection for citizens post-disaster in this Rural Area of Opportunity. Protection of life, health, safety of the general public from harm. Completion and certification of the project.

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?

Non-payment of invoices until milestones achieved; implementation of corrective action plan. Standard contract penalties are sufficient.

15. Requester Contac	t Informati	ion		
a. First Name	Michelle		Last Name	Metcalf
b. Organization	Wakulla County Board of County Commissioners			
c. E-mail Address	mmetcalf	@mywakulla.con	n	
d. Phone Number	(850)926	-0919	Ext.	n/a
16. Recipient Contact Information				
a. Organization	Wakulla (Commissi	County Board of (County	
b. Municipality and County Wakulla				
c. Organization Ty	pe			
□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)			



17.

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d. First Name	Michelle	Last Name	Metcalf			
e. E-mail Address	mmetcalf@mywakulla.com					
f. Phone Number	(850)926-0919					
Lobbyist Contact Information						
a. Name	Connie Carpenter Vanas	sche				
b. Firm Name	CAS Governmental Servi	ces LLC				
c. E-mail Address	ccvgovser@gmail.com					
d. Phone Number	(561)924-7702					