

1. Project Title

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

Holmes District Schools Transportation Relocation and Modernization

**LFIR # 2887** 

4. Project/Program Description  With the relocation of our school board offices to 307 West North Ave. Bonifay, FL, we have separated our transportation department away from one location. We would like to be able to move the transportation department to our new location also. This would allow for our entire school board operations to be housed at one location. This would also also would allow for our entire school board operations to be housed at one location. This would also allow us to modernize our building and equipment which is far below standards at this time. We would be able to get all of our fueling stations up to current DEP standards also. We would be able to get rid of an extra property and lof of the monetary confines that come with owning commercial property. This move would allow us to save money for our county which ion turn frees up money for the students of Holmes County.  5. State Agency to receive requested funds  State Agency contacted? No  5. Amount of the Nonrecurring Request for Fiscal Year 2024-2025  Type of Funding  Operations  Operations  Operations  Operations  Operations  Onerwise Capital Outlay  Total State Funds Requested  7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding  Total State Funds Requested (from question #6)  Amount Percentage  Total State Funds Requested (from question #6)  State (excluding the amount of this request)  O 0%  State (excluding the amount of this request)  No  Piscal Year Amount Specific Appropriation #  Petcoed  Appropriation #	2. Senate Sponsor	Jay Trumbull				
With the relocation of our school board offices to 307 West North Ave. Bonifay, FL, we have separated our transportation department away from one location. We would like to be able to move the transportation department to our new location also. This would allow do rour entire school board operations to be housed at one location. This would also allow us to modernize our building and equipment which is far below standards at this time. We would be able to get all of our fueling stations up to current DEP standards also. We would be able to get rid of an extra property and all of the monetary confines that come with owning commercial property. This move would allow us to save money for our county which ion turn frees up money for the students of Holmes County.  5. State Agency to receive requested funds  State Agency contacted? No  5. Amount of the Nonrecurring Request for Fiscal Year 2024-2025  Type of Funding  Operations  Operations  Operations  Total State Funds Requested  7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding  Amount  Percentage  Total State Funds Requested (from question #6)  3,500,000  97%  Matching Funds  Federal  O O%  State (excluding the amount of this request)  O O%  State (excluding the amount of this request)  No  Piscal Year  Amount  Specific  Appropriation #  No  Specific  Appropriation #  No  Selection  Specific  Appropriation #  Specific  Appropriation #  No  B. Is future funding likely to be requested?  a. If yes, indicate nonrecurring amount per year.	3. Date of Request	12/13/2023				
department away from one location. We would like to be able to move the transportation department to our new location also. This would allow for our entire school board operations to be housed at one location. This would also allow us to modernize our building and equipment which is far below standards at this time. We would be able to get all of our fueling stations up to current DEP standards also. We would be able to get all of an extra property and all of the monetary confines that come with owning commercial property. This move would allow us to save money for our county which ion turn frees up money for the students of Holmes County.  5. State Agency to receive requested funds  State Agency contacted?  No  5. Amount of the Nonrecurring Request for Fiscal Year 2024-2025  Type of Funding  Operations  Fixed Capital Outlay  7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding  Amount  Percentage  Total State Funds Requested (from question #6)  3,500,000  7. Total Project Cost for Requested (from question #6)  State (excluding the amount of this request)  O 0%  State (excluding the amount of this request)  Other  O 0%  Total Project Costs for Fiscal Year 2024-2025  8. Has this project previously received state funding?  No  Fiscal Year  (yyyy-yy)  Recurring  Nonrecurring  Nonrecurring  Nonrecurring  No  If yes, indicate nonrecurring amount per year.	4. Project/Program De	escription				
State Agency contacted?  No  Amount of the Nonrecurring Request for Fiscal Year 2024-2025  Type of Funding Operations Operations Operations Operations Total State Funds Requested Operations Operatio	department away fro also. This would allo modernize our buildi stations up to curren that come with ownir	om one location. We would I w for our entire school boar ng and equipment which is t DEP standards also. We wang commercial property. Thi	ike to be ab d operation far below s would be ab	ble to move the transp is to be housed at one tandards at this time. ble to get rid of an exti	ortation departmen e location. This wou We would be able t a property and all c	t to our new location Id also allow us to to get all of our fueling of the monetary confines
Type of Funding Operations Operat	5. State Agency to red	ceive requested funds	Departme	ent of Education		
Type of Funding Operations Operat	State Agency conta	cted? No				
Type of Funding Operations Operat	6 Amount of the Nonr	ocurring Poguest for Fisc	al Voar 20°	24-2025		
Operations  Fixed Capital Outlay  Total State Funds Requested  7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding Total State Funds Requested (from question #6)  Amount Percentage Total State Funds Requested (from question #6)  State Funds Requested (from question #6)  State (excluding the amount of this request)  Local  O 0%  State (excluding the amount of this request)  Other  O 0%  Total Project Costs for Fiscal Year 2024-2025  3,620,000  100%  8. Has this project previously received state funding?  No  Fiscal Year (Yyyy-yy)  Recurring Nonrecurring Nonrecurring No  No  a. If yes, indicate nonrecurring amount per year.		eculting Nequest for Fisc	ai i <del>c</del> ai 20			
Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding Amount Percentage Total State Funds Requested (from question #6) 3,500,000 97%  Matching Funds Federal 0 0 0% State (excluding the amount of this request) 0 0% Local 120,000 3% Other 0 0 0%  Total Project Costs for Fiscal Year 2024-2025 3,620,000 100%  8. Has this project previously received state funding?  Fiscal Year (yyyy-yy) Recurring Nonrecurring Nonrecurring No  9. Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year.				Amo	_	
Total State Funds Requested  7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding  Amount  Percentage  Total State Funds Requested (from question #6)  3,500,000  97%  Matching Funds  Federal  0 0%  State (excluding the amount of this request)  0 0%  Local  120,000  3%  Other  0 0%  Total Project Costs for Fiscal Year 2024-2025  3,620,000  100%  8. Has this project previously received state funding?  Fiscal Year (yyyy-yy)  Recurring  Nonrecurring  Nonrecurring  No  9. Is future funding likely to be requested?  a. If yes, indicate nonrecurring amount per year.						
7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)  Type of Funding Total State Funds Requested (from question #6)  Matching Funds Federal  0 0% State (excluding the amount of this request) 0 0% Local 120,000 3% Other 0 0% Total Project Costs for Fiscal Year 2024-2025 3,620,000  8. Has this project previously received state funding?  Fiscal Year (yyyy-yy) Recurring Nonrecurring No  9. Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year.						
Type of Funding Total State Funds Requested (from question #6)  Natching Funds Federal  Federal  O O O State (excluding the amount of this request)  Local  Other O O O O Total Project Costs for Fiscal Year 2024-2025  B. Has this project previously received state funding?  Fiscal Year (уууу-уу)  Recurring Nonrecurring  No  Is future funding likely to be requested?  a. If yes, indicate nonrecurring amount per year.					2,222,222	
Total State Funds Requested (from question #6)  Matching Funds  Federal  O  O  State (excluding the amount of this request)  Local  Other  Total Project Costs for Fiscal Year 2024-2025  8. Has this project previously received state funding?  Fiscal Year (yyyyy-yy)  Recurring  Nonrecurring  No  Specific Appropriation #  9. Is future funding likely to be requested?  a. If yes, indicate nonrecurring amount per year.	7. Total Project Cost for	or Fiscal Year 2024-2025 (	including i	matching funds avai	lable for this proje	ect)
Matching Funds   0 0 0%	Type of Funding			Amount	Percentage	
State (excluding the amount of this request)   0   0%		equested (from question #6	)	3,500,000	97%	
State (excluding the amount of this request)  Local  Other  Other  Total Project Costs for Fiscal Year 2024-2025  8. Has this project previously received state funding?  Fiscal Year (yyyy-yy)  Recurring  Nonrecurring  No  Potential Project Costs for Fiscal Year 2024-2025  No  Specific Appropriation #  Potential Vetoed  Appropriation #  No  a. If yes, indicate nonrecurring amount per year.	_					
Local   120,000   3%     Other						
Other 0 0%  Total Project Costs for Fiscal Year 2024-2025 3,620,000 100%  8. Has this project previously received state funding?  Fiscal Year Amount Specific Appropriation # Vetoed Appropriation #  9. Is future funding likely to be requested?  a. If yes, indicate nonrecurring amount per year.		amount of this request)				
Total Project Costs for Fiscal Year 2024-2025  8. Has this project previously received state funding?    Fiscal Year						
8. Has this project previously received state funding?    Fiscal Year						
Fiscal Year (yyyy-yy) Recurring Nonrecurring Appropriation #  9. Is future funding likely to be requested?  a. If yes, indicate nonrecurring amount per year.	Total Project Costs	for Fiscal Year 2024-2025	5	3,620,000	100%	
(yyyy-yy) Recurring Nonrecurring Appropriation #  9. Is future funding likely to be requested?  a. If yes, indicate nonrecurring amount per year.	8. Has this project pre	eviously received state fu	nding?	No		
(yyyy-yy) Recurring Nonrecurring Appropriation #  9. Is future funding likely to be requested?  a. If yes, indicate nonrecurring amount per year.	Fiscal Year	Amount		Specific	Vetoed	
a. If yes, indicate nonrecurring amount per year.			ecurring	Appropriation #	10.000	
a. If yes, indicate nonrecurring amount per year.						
a. If yes, indicate nonrecurring amount per year.	9 Is future funding lik	selv to be requested?		No		
	•					
	a. If yes, indicate n	onrecurring amount per y	ear.			
b. Describe the source of funding that can be used in lieu of state funding.	b. Describe the sou	rce of funding that can be	e used in li	eu of state funding.		
10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?	40 11 11	uncting this project receiv	ed any fod	loral accietance rela	tod to the COVID 1	10 nandomic?



Yes

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

**LFIR # 2887** 

	ir yes, indicate t	ne amount of fu	inas receivea ana wi	nat the funds were used for.	
	CARES ESSER ARP				
C	omploto que	etione 11 a	nd 12 for Five	I Capital Outlay Projects	
C	ompiete que	SUONS II a	na iz ioi rixec	i Capital Outlay Projects	
11	. Status of Const	ruction			
	a. What is the cu	urrent phase of t	he project?		
	<ul><li>Planning</li></ul>	O Design	Construction	O N/A	

No

6/2024

6/2025 d. What is the estimated completion date of construction?

12. List 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.

Holmes County School Board

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

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

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	Engineering, Land Renovation, Construction, Permitting	3,500,000			
Total State Funds Requested (must equal total from question #6) 3,500,000					

### 14. Program Performance

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

Having all HDSB operations on one property thus saving money on property and power and sewage and all other expenditures that go along with commercial property. There will be a safer and up to date facility for our transportation department to work at. All DEP standards will be meet with a new facility.



1

1

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

**LFIR # 2887** 

L-	\A/la a4 a a4:\\\:!4:a a		المحادث والمستعددة المستعددة	4	purpose of these funds?
n	what activities	and services	will be brovided	to meet the intended	niirnose of these fillings /

A better work environment for the transportation department. New equipment that will allow for better maintenance of our bus and car fleet.

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

Better maintained buses for the students of Holmes County

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

Directly this project will serve our county offices which is about 30 people but indirectly it will serve all of Holmes County whose children ride buses.

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

The expected benefit of this project will be cost savings for the district by having less property to maintain and pay for. Also the electric and sewage savings that are monthly. Being able to take better care of our buses which is a massive investment for us will also be a benefit. We will see these benefits through lower bills and buses lasting for a longer period of time.

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?

All funds will be paid back to the agency if money is not used for a new transportation department.

All furius will be paid back to the agency if money is not used for a new transportation						
5. Requester Contact	t Information					
a. First Name	Sierra	Last Name	Smith			
b. Organization	Holmes County School Be	oard				
c. E-mail Address	sierra.smith@cityofbonifa	y.com				
d. Phone Number	(850)487-5002	Ext.				
6. Recipient Contact	Information					
a. Organization	Holmes County School Bo	oard				
b. Municipality and	d County Holmes					
c. Organization Ty	c. Organization Type					
□For Profit Entity						
□Non Profit 501(d	c)(3)					
□Non Profit 501(d	□Non Profit 501(c)(4)					
□Local Entity						
□University or College						
☑Other (please specify) School District						
d. First Name	Sierra	Last Name	Smith			



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

**LFIR # 2887** 

e. E-mail Address	sierra.smith@cityofbonifay.com	
f. Phone Number	(850)487-5002	
17. Lobbyist Contact I	nformation	
a. Name	None	
b. Firm Name		
c. E-mail Address		
d. Phone Number		