

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

LFIR # 2940

1.	Project Title	City of Marianna - McLane's Community Center Improvement Project							
2.	Senate Sponsor	Jay Trumbull							
3.	Date of Request	12/13/2023							
4.	Project/Program D	escription							
	Low to Moderate Incommunity and is u	come. The facility is	in desperate need and Girls Club. Th	nin a minority neighbor d of renovation and imp ne improved facility wo functions.	provement. The facil	0% of the population is lity is an icon to the mmunity and encourage			
5.	State Agency to re			ment of Commerce					
	State Agency conta	•	Боран						
6. <i>i</i>	Amount of the Non	recurring Request	for Fiscal Year 2	024-2025					
	Type of Funding			Amo	unt				
	Operations				0	1			
	Fixed Capital Outlag	У			750,000	1			
	Total State Funds	Requested			750,000				
7.	Total Project Cost	for Fiscal Year 202	4-2025 (includinç	g matching funds ava	ilable for this proje	ect)			
	Type of Funding			Amount	Percentage				
	Total State Funds F	Requested (from que	stion #6)	750,000	99%				
	Matching Funds								
	Federal			0	0%	1			
	State (excluding the	amount of this requ	uest)	0	0%	1			
	Local			10,000	1%	1			
	Other			0	0%	1			
	Total Project Cost	s for Fiscal Year 20)24-2025	760,000	100%				
8.	Has this project pr	eviously received	state funding?	No					
	Fiscal Year	Amount		Specific	Vetoed				
	(уууу-уу)	Recurring	Nonrecurring	Appropriation #		1			
ı									
9.	Is future funding li	kely to be requeste	∌d?	No					
	a. If yes, indicate r	onrecurring amou	nt per year.						
	h Describe the so	urce of funding the	et can be used in	lieu of state funding.					
	b. Describe the 50	aroc or furfalling the	Jan De ubeu III	nou or state fullulity.					
10). Has the entity red	uesting this proied	ct received any fe	ederal assistance rela	ated to the COVID-	19 pandemic?			
-		. 5 - 1 - 7 - 1				•			
	Yes								
	If yes, indicate the	amount of funds	received and wha	at the funds were use	d for.				



11. Status of Construction

14. Program Performance

Planning

13

a. What is the current phase of the project?

Design

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

c. What is the estimated start date of construction?

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

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

encourage more community leaders to use the facility for community functions.

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750.000

Yes, funds have been used for Housing, Water, Waste Water, and Natural Gas infrastructure

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

d. What is the estimated comple	tion date of construction? June 2025	
	o receive, directly or indirectly, any fixed capital outlay f rs of the facility and the entity.	unding. Include the
City of Marianna		
3. Details on how the requested s	tate funds will be expended	
Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/ Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/	Design, Bid, Construction	750,00

 \bigcirc N/A

No

June 2024

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

The McLane Community Center is a facility located within a minority neighborhood where over 50% of the population is Low to Moderate Income. The facility is in desperate need of renovation and improvement. The facility is an icon to the community and is used as a semi Boys and Girls Club. The improved facility would enhance the community and



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The McLane's Community Center is the hub of a predominate minority neighborhood. The facility has indoor and recreational outdoor areas for children and adults. The facility is used for City Workshops, neighborhood meetings, after school education and recreation for the community.

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

The McLane's Community Center is the hub of a predominantly minority neighborhood. The facility has indoor and recreational outdoor areas for children and adults. The facility is used for City Workshops, neighborhood meetings, after school education and recreation for the community.

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

This is a predominately minority neighborhood served by the facility. The facility is to be used by and available to citizens of Marianna, Jackson County and is used for information and training activities. The facility is located inside the City Community Redevelopment Area.

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

Provide safe and sanitary facility for citizens to gather and to provide a location for adults and children for education and training activities. The Center is located in a RAO County and a fiscally constrained community.

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?

The contracting agency, City of Marianna will establish a Critical Path with date specific targets for pre-development. Once bids are received and warded for the project, the contract will have specific contract completion dates, if not met contractor will be subject to Liquidated Damages, assessed on a daily basis.

15. Requester Contact	t Informati	ion						
a. First Name	William		Last Name	Long				
b. Organization	City of Ma	City of Marianna						
c. E-mail Address	wlong@n	wlong@mariannafl.city						
d. Phone Number	(850)482	-4353	Ext.					
16. Recipient Contact Information								
a. Organization	a. Organization City of Marianna							
b. Municipality and	d County	Jackson						
c. Organization Type								
□For Profit Entity	□For Profit Entity							
□Non Profit 501(d	□Non Profit 501(c)(3)							
□Non Profit 501(d	□Non Profit 501(c)(4)							
☑Local Entity	☑Local Entity							
□University or College								
□Other (please specify)								
d. First Name	William		Last Name	Long				



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e. E-mail Address	wlong@mariannafl.city				
f. Phone Number	(850)482-4353				
17. Lobbyist Contact Information					
a. Name	Patrick E. Bell				
b. Firm Name	Capitol Solutions LLC				
c. E-mail Address	pbell@capitolsolutions.biz				
d. Phone Number	(850)544-0784				