

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

LFIR # 3252

| 1. Project Title  | St John's School District - High Gro   | owth Needs   |   |   |  |  |
|---|--|--|---|---|--|--|
| •   | •  |  |   |   |  |  |
| 2. Senate Sponsor   | Travis Hutson  |  |   |   |  |  |
| 3. Date of Request  | 01/10/2024   |  |   |   |  |  |
| 4. Project/Program De   | escription   |  |   |   |  |  |
| while exhausting all the below the state average.   | lent population has been growing at a<br>the available funding sources. As a re<br>age. The requested funds will bring S<br>ds moving students from temporary o            | esult, St. John's availab<br>t. John's School Distric          | le funding per stude<br>t up to the state ave | ent FTE is considerable erage, allowing the |  |  |
| 5. State Agency to rec  | eive requested funds Departr   | nent of Education  |   |   |  |  |
| State Agency conta  |  |  |   |   |  |  |
|   |  |  |   |   |  |  |
| 6. Amount of the Nonr   | ecurring Request for Fiscal Year 2   | 024-2025   |   |   |  |  |
| Type of Funding   |  | Amo  | Amount  |   |  |  |
| Operations  |  |  | 0   |   |  |  |
| Fixed Capital Outlay  |  | 38,608,670   |   |   |  |  |
| <b>Total State Funds F</b>  | Requested  |  | 38,608,670                                    |   |  |  |
| 7. Total Project Cost fo  | or Fiscal Year 2024-2025 (including  | matching funds avai  | lable for this proje                          | ect)  |  |  |
| Type of Fullaling   |  |  | i ercentage                                   |   |  |  |
| Total State Funds Re  | equested (from question #6)  | 38 608 670   | 100%  |   |  |  |
|   | equested (from question #6)  | 38,608,670   | 100%  |   |  |  |
| Total State Funds Re<br>Matching Funds<br>Federal   | equested (from question #6)  | 38,608,670   | 100%  |   |  |  |
| Matching Funds<br>Federal   | amount of this request)  | , ,  |   |   |  |  |
| Matching Funds<br>Federal   |  | 0  | 0%  |   |  |  |
| Matching Funds Federal State (excluding the   |  | 0  | 0%<br>0%                                      |   |  |  |
| Matching Funds Federal State (excluding the Local Other   |  | 0 0  | 0%<br>0%<br>0%                                |   |  |  |
| Matching Funds Federal State (excluding the Local Other Total Project Costs   | amount of this request)  | 0<br>0<br>0  | 0%<br>0%<br>0%<br>0%                          |   |  |  |
| Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre  | amount of this request)  for Fiscal Year 2024-2025   | 0<br>0<br>0<br>0<br>38,608,670<br>No                           | 0%<br>0%<br>0%<br>0%                          |   |  |  |
| Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre  | amount of this request)  for Fiscal Year 2024-2025  eviously received state funding?   | 0<br>0<br>0<br>0<br>38,608,670                                 | 0%<br>0%<br>0%<br>0%<br>100%                  |   |  |  |
| Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre  | amount of this request)  for Fiscal Year 2024-2025  eviously received state funding?  Amount   | 0<br>0<br>0<br>0<br>38,608,670<br>No                           | 0%<br>0%<br>0%<br>0%<br>100%                  |   |  |  |
| Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre Fiscal Year (уууу-уу)  | amount of this request)  for Fiscal Year 2024-2025  eviously received state funding?  Amount  Recurring Nonrecurring   | 0<br>0<br>0<br>0<br>38,608,670<br>No                           | 0%<br>0%<br>0%<br>0%<br>100%                  |   |  |  |
| Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre Fiscal Year (уууу-уу)  9. Is future funding like                       | amount of this request)  for Fiscal Year 2024-2025  eviously received state funding?  Amount  Recurring Nonrecurring  tely to be requested?                                | 0<br>0<br>0<br>38,608,670<br>No<br>Specific<br>Appropriation # | 0%<br>0%<br>0%<br>0%<br>100%                  |   |  |  |
| Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre Fiscal Year (yyyy-yy)  9. Is future funding lik a. If yes, indicate no | amount of this request)  for Fiscal Year 2024-2025  eviously received state funding?  Amount  Recurring Nonrecurring  eely to be requested?  conrecurring amount per year. | 0<br>0<br>0<br>38,608,670<br>No<br>Specific<br>Appropriation # | 0%<br>0%<br>0%<br>0%<br>100%                  |   |  |  |
| Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre Fiscal Year (yyyy-yy)  9. Is future funding lik a. If yes, indicate no | amount of this request)  for Fiscal Year 2024-2025  eviously received state funding?  Amount  Recurring Nonrecurring  tely to be requested?                                | 0<br>0<br>0<br>38,608,670<br>No<br>Specific<br>Appropriation # | 0%<br>0%<br>0%<br>0%<br>100%                  |   |  |  |
| Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre Fiscal Year (yyyy-yy)  9. Is future funding lik a. If yes, indicate no | amount of this request)  for Fiscal Year 2024-2025  eviously received state funding?  Amount  Recurring Nonrecurring  eely to be requested?  conrecurring amount per year. | 0<br>0<br>0<br>38,608,670<br>No<br>Specific<br>Appropriation # | 0%<br>0%<br>0%<br>0%<br>100%                  |   |  |  |
| Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre Fiscal Year (уууу-уу)  9. Is future funding lik a. If yes, indicate no | amount of this request)  for Fiscal Year 2024-2025  eviously received state funding?  Amount  Recurring Nonrecurring  eely to be requested?  conrecurring amount per year. | 0 0 0 38,608,670 No Specific Appropriation #                   | 0%<br>0%<br>0%<br>0%<br>100%                  | 19 pandemic?                                |  |  |



N/A

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

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0

0

0

38,608,670

38,608,670

| Complete questions 11 and 12 for F   | Fixed Capital Outlay Projects  |                    |
|--|--|--------------------|
| 11. Status of Construction a. What is the current phase of the project?                                  |  |                    |
| Planning   | action N/A   |                    |
| b. Is the project "shovel ready" (i.e permitted)   | ? No   |                    |
| c. What is the estimated start date of construc  | 8/1/2024   |                    |
| d. What is the estimated completion date of co   | onstruction? 8/1/2026  |                    |
| 12. List the owners of the facility to receive, directly relationship between the owners of the facility | ctly or indirectly, any fixed capital outlay fur<br>ty and the entity. | nding. Include the |
| School District of St Johns  |  |                    |
| 13. 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/   |  | 0                  |

## 14. Program Performance

Planning Engineering

Consultants/Contracted

Consultants/Contracted Services/Study

**Operational Costs: Other** 

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Services/Study

Salary and Benefits

Other

Other

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 will be able to move students from temporary classrooms into permanent classrooms with all the adequate resources and support.

Plan and construct permanent classrooms

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

The district will provide instruction to K-12 students in a permanent setting.



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| c. What direct ser                        | vices will   | be provided to      | citizens by t | he appropria   | tion project? | •          |                       |
|---|--------------|---------------------|---------------|----------------|---------------|------------|-----------------------|
| The district will pro                     | ovide instr  | uction to K-12 stu  | udents in a p | ermanent sett  | ing.          |            |                       |
| d. Who is the targ                        | et popula    | tion served by t    | his project?  | How many in    | ndividuals ar | e expected | to be served?         |
| Public K-12 stude                         | nts within t | the school distric  | t.            |                |               |            |                       |
| e. What is the exp<br>be measured?        | ected ber    | nefit or outcome    | of this proj  | ect? What is   | the methodo   | logy by wh | ich this outcome will |
| The district will pro                     | ovide instr  | uction to K-12 stu  | udents in a p | ermanent setti | ing.          |            |                       |
| f. What are the su<br>for failing to meet | ••           |                     |               |                | -             |            | its standard penaltie |
| Failure to provide                        | plans will   | result in the retur | n of funds.   |                |               |            |                       |
| 15. Requester Contac                      | t Informat   | ion                 |               |                |               |            |                       |
| a. First Name                             | Logan        |                     | Last Name     | Lowery         |               |            |                       |
| b. Organization                           | St. Johns    | County School       | District      |                |               |            |                       |
| c. E-mail Address                         |              |                     | _             |                |               |            |                       |
| d. Phone Number                           | (904)547     | -7500               | Ext.          |                |               |            |                       |
| 16. Recipient Contact                     | Information  | on                  |               |                |               |            |                       |
| a. Organization                           | St. Johns    | County School       | District      |                | _             |            |                       |
| b. Municipality and                       | d County     | Saint Johns         |               |                |               |            |                       |
| 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 s                          | pecify) St.  | Johns County S      | chool Board   |                |               |            |                       |
| d. First Name                             | Logan        |                     | Last Name     | Lowery         |               |            |                       |
| e. E-mail Address                         |              |                     |               |                |               |            |                       |
| f. Phone Number                           | (904)547     | -7500               |               |                |               |            |                       |
| 17. Lobbyist Contact I                    | nformatio    | on                  |               |                | 7             |            |                       |
| a. Name                                   | None         |                     |               |                |               |            |                       |
| b. Firm Name                              |              |                     |               |                |               |            |                       |



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| c. E-mail Address |  |
|-------------------|--|
| d. Phone Number   |  |