



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2911

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operating | 0 |
| Fixed Capital Outlay | 3,000,000 |
| Total State Funds Requested | 3,000,000 |

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 3,000,000 | 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 2025-2026 | 3,000,000 | 100% |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2022-23 | 0 | 22,000,000 | 1253A | No |

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?



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☐ Planning ☐ Design ☒ Construction ☐ N/A

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

Yes

c. What is the estimated start date of construction?

04/25/2024

d. What is the estimated completion date of construction?

9/17/2025

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

The facility will be leased from the State of Florida by the Liberty County Board of County Commissioners and the Liberty County Sheriff's Office

12. 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/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| 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 | Completion of the Liberty County Sheriff's Office Administrative and Jail Complex | 3,000,000 |
| Total State Funds Requested (must equal total from question #6) | | 3,000,000 |

13. Program Performance

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

The purpose of this request is for funding to complete the construction of the new Jail and Sheriff's Office in Liberty County.

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

Planning and Construction of a Jail Facility and Sheriff's Office Complex in Liberty County

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

Currently, The Liberty County Jail Facility is the oldest jail structure in the State of Florida. We maintain approximately Seventy-five males and females on average. Additionally, we house Calhoun and Gulf County female inmates. A new upgraded jail facility for Liberty County is crucial to the safety and well being of all citizens.



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

This project will serve the citizens of Liberty County, Calhoun County, Gulf County and other surrounding counties.

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

Expected Benefit or Outcome: The new Liberty County Sheriff's Office Administrative and Jail Complex will address critical safety and operational challenges posed by the current facility, which is the oldest jail structure in Florida (built in 1942). This modernized complex will enhance security, provide updated infrastructure, and meet the growing needs of Liberty County. Improved Safety, Increased Capacity, Better Conditions, Long-term Investment: The complex demonstrates Liberty County's and the State of Florida's commitment to public safety and serves as a critical infrastructure upgrade for future generations.

Methodology to Measure Outcomes: The success of this project will be assessed through: Security audits, and Operational Metrics: Measuring reductions in maintenance costs and operational inefficiencies compared to the 1942 facility.

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 in the contract?

Return funds to the State

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2911

- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

18. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For Profit Entity
- ☐ Non Profit 501(c)(3)
- ☐ Non Profit 501(c)(4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number Ext.

19. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.