

**LFIR # 1490** 



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| 1 | 0. | Status | s of ( | Cons | stru | ction |
|---|----|--------|--------|------|------|-------|
|---|----|--------|--------|------|------|-------|

| a. What is the current phase of the project?   |                    |                     |            |  |  |  |  |  |  |  |
|--|--------------------|---------------------|------------|--|--|--|--|--|--|--|
| <ul><li>Planning</li></ul>   | O Design           | Construction        | O N/A      |  |  |  |  |  |  |  |
| b. Is the project "  | shovel ready" (i.e | e permitted)?       | No         |  |  |  |  |  |  |  |
| c. What is the est   | imated start date  | of construction?    | 08/01/2026 |  |  |  |  |  |  |  |
| d. What is the est   | imated completion  | on date of construc | 11/01/2026 |  |  |  |  |  |  |  |
| e. What funding stream will be used for ongoing operations and maintenance of the project? |                    |                     |            |  |  |  |  |  |  |  |
| County economic development funds; future tenant/user lease                                |                    |                     |            |  |  |  |  |  |  |  |
|  |                    |                     |            |  |  |  |  |  |  |  |

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.

Owner: Liberty County Board of County Commissioners (BOCC) Relationship: Recipient and owner of record; county will own and manage the site for economic development.

### 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<br>Services/Study              |  | 0         |  |  |  |  |  |
| Operational Costs                                     |  |           |  |  |  |  |  |
| Salary and Benefits                                   |  | 0         |  |  |  |  |  |
| Expense/Equipment/Travel/Supplies/Other               |  | 0         |  |  |  |  |  |
| Consultants/Contracted<br>Services/Study              |  | 0         |  |  |  |  |  |
| Fixed Capital Construction/Major Renovation:          |  |           |  |  |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering | Acquire and ready strategic industrial land in Liberty County to attract high-wage employers and diversify the tax base. Funds cover land purchase and initial site-readiness steps (environmental due diligence, survey/title, geotech, preliminary engineering, utilities/access planning, and site certification prep). The project positions Liberty County to compete for private investment and job creation consistent with successful rural NW Florida models. | 1,000,000 |  |  |  |  |  |
| Total State Funds Requested (m                        | nust equal total from question #6)   | 1,000,000 |  |  |  |  |  |

### 13. Program Performance

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

Acquire and ready strategic industrial land to attract high-wage employers, diversify the tax base, and create durable jobs in Liberty County.

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



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Land purchase; due diligence (environmental, survey, title, geotech); master planning; utility and access engineering; site readiness/certification; marketing package preparation.

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

Create specific immediate job opportunities

Indirect capital project enabling employer recruitment, job creation, and long-term economic growth (improved access to quality jobs; reduced out-commuting).

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

Economically disadvantaged residents, jobseekers, veterans, and the general public; countywide impact (~8,500 residents).

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

|     | Measure: construction/site-prep jobs;<br>Method: contractor payroll/certified job reports.  |                                    |
|-----|---|------------------------------------|
|     | Increase or improve economic activity Measure: private capital investment; added taxable value; new square footage; Method: permits, investment docs, tax roll data.  |                                    |
|     | Enhance specific individuals' economic self-sufficiency<br>Measure: local hires at above-average wages;<br>Method: employer verification, wage records.   |                                    |
|     | Protect the general public from harm (controlled industrial design, emergency access) Measure: compliance milestones; Method: approved site plans, fire/EMS access certifications.                                      |                                    |
|     | Other – Rural industrial site readiness<br>Measure: acres certified shovel-ready;<br>Method: engineering certifications, utility readiness letters.   |                                    |
|     | f. What are the suggested penalties that the contracting agency may consider in addition to its for failing to meet deliverables or performance measures provided for in the contract?                                  | standard penaltie                  |
|     | Milestone-based disbursements; quarterly performance reports; clawback/withhold of undisbursed fur aren't met (e.g., 12 months to close on land; 18 months to complete initial readiness). Reversion of un project end. | nds if milestones<br>used funds at |
| 14. | s this project related to mitigation, response, or recovery from a natural disaster? No   |                                    |
| а   | . 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 infast  | ructure)                           |
| b   | . Name of the natural disaster (or Executive Order # for events not under a federal declaration):   |                                    |
| Γ   |   |                                    |

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

☐ Yes, Applied



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| □ Voo Bookis-l   |                              |               |              |           |           |           |           |         |                |
|--|------------------------------|---------------|--------------|-----------|-----------|-----------|-----------|---------|----------------|
| ☐ Yes, Received  |                              |               |              |           |           |           |           |         |                |
| □ No   |                              |               |              |           |           |           |           |         |                |
| □ No, but intends t                                    | □ No, but intends to apply   |               |              |           |           |           |           |         |                |
| a. If yes, provide th                                  | ie FEMA proje                | ect worksheet | t ID#:       |           |           |           |           |         |                |
| b. Provide the tota                                    | l project cost               | listed on the | FEMA proje   | ct works  | sheet:    |           |           |         |                |
| 16. Has the entity app                                 | olied for or rec             | eived state a | ssistance fo | or this p | roject (c | other tha | an this r | equest  | )?             |
| ☐ Yes, Applied   |                              |               |              |           |           |           |           |         |                |
| ☐ Yes, Received  |                              |               |              |           |           |           |           |         |                |
| □ No   |                              |               |              |           |           |           |           |         |                |
| ☐ No, but intends t                                    | o apply                      |               |              |           |           |           |           |         |                |
| a. If yes, specify th Commerce):  17. Requester Contac |                              | d state agend | cy (ex. Loca | l Govern  | nment Ei  | mergen    | cy Brido  | ge Loan | , Department c |
| a. First Name  | Jace                         | L             | _ast Name    | Ford      |           |           |           |         |                |
| b. Organization  | Liberty Count<br>Board       | y Board of Co | ounty Commi  | ssioners  | - Clerk t | to the    |           |         |                |
| c. E-mail Address                                      | jford@libertyd               | clerk.com     |              |           |           |           |           |         |                |
| d. Phone Number  | (850)643-221                 | 5             | Ext.         |           |           |           |           |         |                |
| 18. Recipient Contact                                  | Information                  |               |              |           |           |           |           |         |                |
| a. Organization  | Liberty Count<br>Commissione | y Board of Co | ounty        |           |           |           |           |         |                |
| b. Municipality and                                    | d County Lib                 | erty          |              |           |           |           |           |         |                |
| c. Organization Ty                                     | pe                           |               |              |           |           |           |           |         |                |
| □For Profit Entity                                     |                              |               |              |           |           |           |           |         |                |
| □Non Profit 501(                                       | c)(3)                        |               |              |           |           |           |           |         |                |
| □Non Profit 501(                                       | c)(4)                        |               |              |           |           |           |           |         |                |
| ☑Local Entity  |                              |               |              |           |           |           |           |         |                |



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| □University or Co                | sity or College         |           |      |  |  |  |  |  |  |
|----------------------------------|-------------------------|-----------|------|--|--|--|--|--|--|
| □Other (please sp                | □Other (please specify) |           |      |  |  |  |  |  |  |
| d. First Name                    | Jace                    | Last Name | Ford |  |  |  |  |  |  |
| e. E-mail Address                | E-mail Address          |           |      |  |  |  |  |  |  |
| f. Phone Number                  | (850)643-2215           | Ext.      |      |  |  |  |  |  |  |
| 19. Lobbyist Contact Information |                         |           |      |  |  |  |  |  |  |
| a. Name                          | None                    |           |      |  |  |  |  |  |  |
| b. Firm Name                     |                         |           |      |  |  |  |  |  |  |
| c. E-mail Address                |                         |           |      |  |  |  |  |  |  |
| d. Phone Number                  |                         |           |      |  |  |  |  |  |  |

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