

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2057

1. Pr	oject Title	Fort Meade Area Dual Purpose	Eme	ergency Shelter and A	Agriculture Center	
2. Se	enate Sponsor	Ben Albritton				
3. Da	ite of Request	02/13/2023				
4. Pr	oject/Program De	scription				
Po pro Ce	olk County. The City ovide an Emergend enter when not in u	of Emergency Shelter and Agriculty of Fort Meade has a 430 acre party Shelter for residents and other asset for emergency purposes. The conception when not in use as an emergency by the conception when the	ark th evac dual i	nat is a perfect location uees from other cour purpose of this facilit	on for a dual purpos nties, but can be us	se facility that would ed as an Agricultural
5. Sta	State Agency to receive requested funds Department of Agriculture and Consumer Services				s	
	ate Agency contac			.		
6. Am	nount of the Nonre	ecurring Request for Fiscal Yea	r 202	23-2024		
Ту	pe of Funding			Amo	unt	
Or	perations				0	
Fix	xed Capital Outlay			250,000		
То	otal State Funds R	equested			250,000	
7. Tot	tal Project Cost fo	or Fiscal Year 2023-2024 (includ	ing n	natching funds ava	ilable for this proj	ect)
Ту	pe of Funding			Amount	Percentage	
То	tal State Funds Re	equested (from question #6)		250,000	4%	
Ma	atching Funds					
Fe	ederal			0	0%	
Sta	ate (excluding the a	amount of this request)		0	0%	
Lo	cal			6,500,000	96%	
Ot	her			0	0%	
То	otal Project Costs	for Fiscal Year 2023-2024		6,750,000	100%	
8. Ha	s this project pre	viously received state funding?	•	No		
	Fiscal Year	Amount		Specific	Vetoed	
	(уууу-уу)	Recurring Nonrecurring	ng	Appropriation #		
9. Is	future funding like	ely to be requested?		No		
a.	If yes, indicate no	nrecurring amount per year.				
b.	Describe the sou	rce of funding that can be used	in lie	eu of state funding.		
~·				on oraco ramaning.		
10. H	las the entity requ	esting this project received any	y fed	eral assistance rela	ted to the COVID-	19 pandemic?
N	lo					



11. Status of Construction

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?			
Planning	ODesign	Construction	
b. Is the project "shovel ready" (i.e permitted)?			No
c. What is the estimated start date of construction?			October 2023

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.

December 2025

The City of Fort Meade would be the direct owner of the facility.

d. What is the estimated completion date of construction?

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/ 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/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Funds to be used to complete the design and engineering of the facility.	250,000	
Total State Funds Requested (must equal total from question #6) 250,000			

14. Program Performance

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

Completion of the design and engineering to enable the project to move into the construction phase leveraging Polk County contribution for Phase 1.

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

Finalization of design and engineering by evaluation site specific conditions and needs of the community



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

Preparation for construction of a facility that will serve the community as a shelter in emergencies and well as provide a place for agricultural activities and services for families from Fort Meade and surrounding areas. d. Who is the target population served by this project? How many individuals are expected to be served? Residents of Fort Meade and surrounding counties e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? The benefit will be for emergency shelter in southern Polk County that could provide shelter in case of emergency to local residents and evacuees from the coastal areas entering Polk County. 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? Non-payment of invoices 15. Requester Contact Information Last Name | Bagnall a. First Name Jan City of Fort Meade b. Organization c. E-mail Address | jbagnall@cityoffortmeade.com **d. Phone Number** (863)285-1100 Ext. 16.

Recipient Contact	Information			
a. Organization	tion City of Fort Meade			
b. Municipality and	o. Municipality and County Polk			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(c)(3)				
□Non Profit 501(c)(4)				
☑Local Entity				
□University or College				
□Other (please specify)				
d. First Name	Jan	Last Name	Bagnall	
e. E-mail Address	jbagnall@cityoffortmeade	.com		
f. Phone Number	(863)285-1100			

a. Name None



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b. Firm Name	None
c. E-mail Address	
d. Phone Number	