

LFIR # 2995

1. Project Title	Lafayette County Sheriff's Office Ja	il		
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2. Senate Sponsor	Corey Simon			
3. Date of Request	02/24/2023			
4. Project/Program D	escription			
plumbing, ventilation areas. Will us to get inmates in Columbia	tte and remodel is estimated to cost \$4 in systems, addition of inmate housing it in compliance and up to date with last in a, Dixie, Suwannee, and Taylor counties he last four years we have spent over \$	ncluding juvenile/fema years statute changes s. This puts a burden	le housing, and me s. We are currently on us financially ar	edical/isolation housing having to house nd puts a strain on our
5. State Agency to re	ceive requested funds Departm	ent of Law Enforceme	nt	
State Agency conta	acted? Yes			
6. Amount of the Non	recurring Request for Fiscal Year 20)23-2024		
Type of Funding		Amou	unt	
Operations			0	
Fixed Capital Outlay			4,000,000	
Total State Funds	Requested		4,000,000	
7. Total Project Cost f	for Fiscal Year 2023-2024 (including	matching funds avai	lable for this proje	ect)
Type of Funding		Amount	Percentage	
	Requested (from question #6)	4,000,000	100%	
Matching Funds Federal		0	00/	
	amount of this request)	0 0%		
Local	amount of this request)	0	0%	
Other		0	0%	
	s for Fiscal Year 2023-2024	4,000,000	100%	
	eviously received state funding?	No		'
Fiscal Year	Amount	Specific	Vetoed	
(уууу-уу)	Recurring Nonrecurring	Appropriation #	70.000	
	_			
9. Is future funding li	kely to be requested?	No		
a. If ves. indicate n	onrecurring amount per year.			
		iou of state funding		
b. Describe the SO	urce of funding that can be used in I	ieu oi state funding.]
10. Has the entity req	uesting this project received any fed	deral assistance rela	ted to the COVID-	19 pandemic?
No				



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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

1. Status of Construction				
a. What is the current phase of the	ne project?			
OPlanning ODesign (Construction			
b. Is the project "shovel ready" (i	.e permitted)?			
c. What is the estimated start dat	e of construction?			
d. What is the estimated complet	ion date of construction?			
12. List the owners of the facility to relationship between the owner			outlay funding. Inc	lude the
3. Details on how the requested sta	ate funds will be expended			
Spending Category		Description		Amount

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	The complete update and remodel is estimated to cost \$4,000,000.00. This cost is the replacement of locks, plumbing, ventilation, addition of inmate housing including juvenile/female housing, medical/isolation housing, key/lock control/camera system.	4,000,000
Total State Funds Requested (must equal total from question #6)		

14. Program Performance

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

The Lafayette County jail is seventy-one years old (1952), with the latest remodeling being completed twenty-seven years ago. These funds will assist us in updating and remodeling the facility. This will allow housing of females, juveniles, isolation areas for contagious diseases and mental health issues, and increase the number of inmates housed. Replacement of tihe outdated ventilation, plumbing, and key/control/camera systems.



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b. What activities	and servi	ces will be prov	rided to mee	t the intend	ed purpose of	these funds?
Improve mental a	nd physica	al health of inmate	es.			
c. What direct ser	vices will	be provided to	citizens by t	he appropri	iation project?	•
						Florida Model Jail Standards last additional inmates securely and
	et popula	tion served by t	his project?	How many	individuals a	e expected to be served?
8,500						
e. What is the exp be measured?	ected ber	nefit or outcome	of this proj	ect? What is	s the methodo	ology by which this outcome will
To allow us to cor	nply with th	he updated statu	tes and Florid	da Model Jai	il Standards. K	eep staff safe and inmates secured
f. What are the su for failing to meet					•	n addition to its standard penalties act?
Withhold of Funds	S					
15. Requester Contac	t Informat	ion				
a. First Name	Brian		Last Name	Lamb		
b. Organization	Lafayette	County Sheriff's	Office			
c. E-mail Address	blamb@l	afayetteso.org				
d. Phone Number	(386)294	-1222	Ext.			
16. Recipient Contact	Information	on				
a. Organization	Lafayette	County Board o	f Commission	n		
b. Municipality and	d County	Lafayette				
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)					
d. First Name	Brian		Last Name	Lamb		
e. E-mail Address						
f Dhana Number	(206)204	1222				



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17. Lobbyist Contact In	formation
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a. Name	None
b. Firm Name	None
c. E-mail Address	
d. Phone Number	