



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Digitalization of Public Records

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 11/29/2017

4. **Project/Program Description:**

Digitalization of Older Public Records (Property Records) for safeguarding and public accessibility

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of State

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
100,000		100,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	10,000	9.1%
Other	0	0.0%
TOTAL	10,000	9.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 110,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

To safeguard those records that have not been digitalized and also provide greater access to the citizens.

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

Digitalization of Records, Inclusion into the Official Records (Deeds, etc. )maintained by the Calhoun County Clerk of Court

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Digitalization and Indexing of	110,000



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	Official Records (deeds, etc.)	
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		110,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Increased access to Official Records from remote locations (Homes, businesses)

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

Approximately 14,000 Residents of Calhoun County and others outside of Calhoun County

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

Security of public records and increased access to records remotely

**g. 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?**

The standard penalties in place for noncompliance are sufficient.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Carla Hand
- b. **Organization:** Calhoun County Clerk of Court
- c. **Email:** chand@calhounclerk.com
- d. **Phone Number:** (850)674-4545

**14. Recipient Contact Information:**

- a. **Organization:** Calhoun County Clerk of Court
- b. **County:** Calhoun
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College



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☐ Other (Please specify)

**d. Contact Name:** Carla Hand

**e. E-mail Address:** chand@calhounclerk.com

**f. Phone Number:** (850)674-4545

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**