



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Liberty County High School HVAC System

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 02/05/2018

4. **Project/Program Description:**

Liberty County High School is in need of a new HVAC system in order to safely serve its students.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

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

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
	600,000	600,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 600,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

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

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 upgrade and replace HVAC system.

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

To replace HVAC system and wiring.

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 type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	HVAC system and wiring	600,000
TOTAL		600,000

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

To provide adequate HVAC System to our staff and students

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

Staff and students.

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

To provide adequate HVAC System to our staff and students

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?

None

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.

Liberty County School District

13. Requestor Contact Information:

- a. **Name:** David Summers
- b. **Organization:** Liberty County School District
- c. **Email:** david.summers@lcsb.org
- d. **Phone Number:** (850)643-2275

14. Recipient Contact Information:

- a. **Organization:** Liberty County School District
- b. **County:** Liberty
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** David Summers



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e. E-mail Address: david.summers@lcsb.org

f. Phone Number: (850)643-2275

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

a. Name: Patrick Bell

b. Firm: Capitol Solutions

c. Email: pbell@capitalsolutions.biz

d. Phone Number: (840)544-0784