



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2141

1. Title of Project: Calhoun County Jail Women's Dormitory

2. Senate Sponsor: Bill Montford

3. Date of Submission: 02/22/2019

4. Project/Program Description:

The Calhoun County jail does not currently have space to house female inmates. Calhoun County female inmates are housed in Liberty counties which costs \$40 per night per inmate. The County proposes an open bay dormitory with 70 bed spaces to house our female inmate population to reduce costs of housing them in another County.

5. State Agency to receive requested funds : Department of Law Enforcement

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	100.0%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	1,000,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. Is future-year funding likely to be requested? No

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



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Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning	Design, planning, construction and construction engineering	1,000,000
Engineering	inspection	
Total State Funds Requested (must equal total from question #6)		1,000,000

11. Program Performance:

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

Reduction in costs to house female inmates in other counties by providing County facility. The reduction in costs will allow more funds to be allocated to safety of the community (personnel, vehicles, equipment etc.).

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

Housing inmates within home county, increase in safety for the public

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

Increase of safety measures for the public, decrease the burden on families visiting inmates, reduction of risks in transporting inmates.

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

Calhoun County Sheriff's Department. Up to 70 individuals will be housed at the facility extension.

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

Decrease in funds spent to house female inmates in other counties. Budget analysis over the next five years on cost savings.

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 in the contract?

Discontinued support/repayment of funds

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.

The Calhoun County Board of County Commissioners

13. Requestor Contact Information:

a. Name: Gene Bailey

b. Organization: Calhoun County Board of County Commissioners



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c. **E-mail Address:** gbailey@calhouncountygov.com

d. **Phone Number:** (850)674-8075

14. Recipient Contact Information:

a. **Organization:** Calhoun County Board of County Commissioners

b. **County:** Calhoun

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:** Gene Bailey

e. **E-mail Address:** gbailey@calhouncountygov.com

f. **Phone Number:** (850)674-8075

15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**