



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2355

1. **Title of Project:** The Jacob City Community Center

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 02/20/2019

4. **Project/Program Description:**

This project will provide a place for the city to gather together during special events and meetings. Also this Community Center can be used as a place of refuge after a storm such as hurricane Michael.

5. **State Agency to receive requested funds :** Department of Economic Opportunity

State Agency Contacted? No

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	600,000
Total State Funds Requested	600,000

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)	600,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020		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		
Expense/Equipment/Travel/Supplies/Other		



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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	Engineering and Construction Services	600,000
Engineering		
Total State Funds Requested (must equal total from question #6)		600,000

11. Program Performance:

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

Jacob City currently has nowhere to meet to hold city wide events or gatherings. This community center will allow the city to do things at a central location and gather together for special events and holidays.

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

The community center will be a gathering place for the city to hold functions for their citizens.

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

It will allow the community to gather together for special events, as well as be a place of refuge after storms such as Hurricane Michael.

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

The community center will serve the entire city during special events and holidays.

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

The community center will allow the community to be united with events held to bring them closer together and interact with one another.

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?

Standard contract penalties.

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.

City of Jacob

13. Requestor Contact Information:

- a. Name:** Carl Bailey
- b. Organization:** City of Jacob
- c. E-mail Address:** jacobcity@wfeca.net
- d. Phone Number:** (850)326-4116



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14. Recipient Contact Information:

- a. **Organization:** City of Jacob
- b. **County:** Jackson
- 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:** Carl Bailey
- e. **E-mail Address:** jacobcity@wfeca.net
- f. **Phone Number:** (850)326-4116

15. Lobbyist Contact Information

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