



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2296

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Construction of two soccer/football fields, adequate lighting, bleachers, concessions facilities, parking, anything in accordance with this project.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	900,000
Total State Funds Requested	900,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	900,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	900,000	100%

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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The Town of Branford received American Rescue Plan Act in the amount of \$366,625.00 . We have used these funds to purchase sewer pumps.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☒ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

07/15/2023

d. What is the estimated completion date of construction?

04/15/2025

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Town of Branford owns the facility.

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

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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction and associated materials to construct the necessities of two soccer/football fields	900,000
Total State Funds Requested (must equal total from question #6)		900,000

14. Program Performance

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

Our goal is to have added facilities for our youth programs in our growing town.

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

Funding will be utilized to construct the much needed facilities associated with having two soccer/football fields.

c. What direct services will be provided to citizens by the appropriation project?



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It will provide our town and community a place for our youth programs to grow and expand due to the growth of our town.

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

The target population is the entire Town of Branford/community.
Expected to serve 401-800 people.

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

Expected benefit is to add extra youth programs to our town and community.
Outcome will be measured by the number of games and support from our community.

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 the contract?

Funding for the project will be returned if the project deliverables are not completed.

15. Requester Contact Information

a. First Name Donny **Last Name** Glover
b. Organization Town of Branford
c. E-mail Address Mayor@townofbranford.net
d. Phone Number (386)867-5105 **Ext.**

16. Recipient Contact Information

a. Organization Town of Branford
b. Municipality and County Suwannee

c. Organization Type

- ☐ For Profit Entity
☐ Non Profit 501(c)(3)
☐ Non Profit 501(c)(4)
☒ Local Entity
☐ University or College
☐ Other (please specify)

d. First Name Stacey **Last Name** Griffith
e. E-mail Address S.griffith@townofbranford.net
f. Phone Number (352)225-1869

17. Lobbyist Contact Information

a. Name None
b. Firm Name None



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c. E-mail Address

d. Phone Number