



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1859

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

We are asking for funding to build a new ADA compliant restroom/concession stand facility at Trenton High School. Our current facility was built in 1980 and is no longer functional- but still being used. It is used for all home football, soccer, and baseball games. Along with our Gilchrist County recreation league games. Also, it is used for community events such as graduations, funerals, and Fields of Faith. Currently- we only have 2 single toilets with the entry doors being 22" wide. This poses a huge safety concern- along with not being handicapped accessible. The new facility we would like to build has (2) handicap accessible restrooms with 4 total toilets along with a handicap accessible concession stand.

5. **State Agency to receive requested funds**

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	190,000
Total State Funds Requested	190,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	190,000	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 2024-2025	190,000	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?**



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

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
 N/A

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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	The full funding of this project falls within this category. Please see attached budget.	190,000
Total State Funds Requested (must equal total from question #6)		190,000

14. Program Performance

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



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The purpose/goal of this project is to provide handicapped accessible facilities to the community when outdoor sporting events take place within Trenton, FL, which is located in Gilchrist County. Given that the area is an underserved rural county in North Central Florida, many school district spaces are used for community events. This includes sporting events, graduation events, as well as funerals and large gatherings. This facility will allow all and more members of the community to attend.

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

These funds are being requested for a construction project. Completion of construction would be the activity/service.

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

The funding for this project will impact the community's ability to provide access to outdoor facilities to include those that are wheelchair bound and physically handicapped.

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

This will be a public facility that would allow all elderly persons, people with poor physical health, developmentally and physically disabled people, and grade school and high school students equal opportunity to attend events hosted at the school. Conservatively speaking, our home football games have over 500 attendees, soccer has 80, and baseball has 120. Our elementary school has 825 students with our Middle and High school having 732. All of these people would be served with a new bathroom and concession stand facility.

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

The funding of this project will impact the community's ability in allowing access to outdoor facilities to include those that are wheelchair bound and physically handicapped. Current facilities are not able to modify for this need. Outdoor sports fields are currently used by outside agencies and are considered community spaces. This addition will support the growth of such programs. Several methods can be used to measure the benefit- increase in the number of events which take place, increase in the number of handicapped attendees, resulting in an increase in sales of concessions.

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?

This is a building project- so no performance measurements are applicable- other than the building being constructed/completed.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)



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Local Entity

University or College

Other (please specify) School District

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number