



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2993

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds requested are for contractual design and construction services to expand the community center gym that would allow for post-disaster events for food distribution and shelter as needed and provides a larger footprint for basketball courts, pickle ball courts, and space for yoga and Tai Chi classes. All classes are available to the citizens of Wakulla County which is designated as a Rural Area of Critical Economic Concern.

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	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

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)	2,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,000,000</b>	<b>100%</b>

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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Received a total of \$6,553,405 of ARPA funds. Addressed wastewater effluent management storage, community support programs, COVID-19 programs, and vaccine pods.

## 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?

07/01/2024

d. What is the estimated completion date of construction?

12/30/2025

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.

Wakulla County is the entity and the owner.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Contractual design and construction services	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 14. Program Performance

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

The goal is to secure contractual design and construction services to expand the community center gym that would allow for post-disaster events for food distribution and shelter as needed and provides a larger footprint for basketball courts, pickle ball courts, and space for yoga and Tai Chi classes. All classes are available to the citizens of Wakulla County which is designated as a Rural Area of Critical Economic Concern.

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



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Activities include seeking contractual design, permitting, bidding, project management, and construction services to expand the Community Center Gym. Final set of construction plans allows for the project to move forward with the bidding and contraction procurement selection process.

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

Direct services to citizens is an appropriate facility to allow for post-disaster events for food distribution and shelter, as needed, that meets the demands and needs of the residents for basketball courts, pickle ball courts; and space for yoga and Tai Chi classes. All classes are available to the citizens of Wakulla County, which is designated as a Rural Area of Critical Economic Concern.

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

Target population served is residents, visitors, and the business community of Wakulla County, which is designated as a Rural Area of Opportunity (s. 288.0656, Florida Statutes). Greater than 37,000 individuals.

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

The benefit is protection of life, health, safety of the general public from harm, and improved physical and mental health in an expanded facility that allows for shelter accommodations during severe storms, hurricanes, and post-disaster events that is located in this Rural Area of Critical Economic Concern. Also, improved education with participation and enrollment of residents in classes and programs offered as a result of the additional space; tracking of usage and enrollment; and completion and certification of the project.

**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?**

Non-payment of invoices until milestones achieved; implementation of corrective action plan. Standard contract penalties are sufficient.

**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)
- Local Entity
- University or College



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Other (please specify)

**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**