



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1911

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

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	5,000,000
Total State Funds Requested	5,000,000

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)	5,000,000	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	5,000,000	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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CARES Act Funds - \$2,485,816 - body temp kiosks, sneeze guards, ambulance, COVID testing machines and kits, message boards, cleaning supplies and public health and safety employee salaries. ARP funds \$2,739,731 - loss of revenue

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?

10/1/2023

d. What is the estimated completion date of construction?

6/30/2024

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.

State of Florida DEP

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	Purchase of land and development of park	5,000,000
Total State Funds Requested (must equal total from question #6)		5,000,000

14. Program Performance

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

The establishment and maintenance of a State park in Calhoun County

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

Purchase the land to provide FDEP with a location for the development of a state park.

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



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Locations for outdoor recreational activities and economic development through increased visitors to the county.

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

General population of Calhoun County, surrounding counties and park enthusiasts.

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

Land protection for local wildlife. Attract visitors to Calhoun County and provide workforce opportunities.

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?

The County will work with the contracting agency to determine applicable measures should funding be made available.

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
- 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**



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d. Phone Number