

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

Town of Hilliard - Community Center/Hurricane Shelter Project

LFIR # 2359

2. Senate Sponsor	Clay Yarborough					
3. Date of Request	02/16/2023					
4. Project/Program Do	escription					
facility would consist building and when no community center at would be fully air coindoor basketball coof the building would	s the construction of a Comm t of a single story building ap eeded as a Hurricane Storm nd in the event of a hurricane nditioned, would include a gy urt, kitchen, ADA compliant of the meet both the requirements ction of Storm Shelters and the	proximately Shelter The or other no masium a mestrooms a mestrooms a	y 10,000 sq ft in size the proposed building the proposed building the proposed as an and community center and a back-up electric icane-Storm Shelter and a back-up shelter a back-u	which would be utilize would serve the local emergency shelter. The proposed facilities generator. The despendenced by the ICC	ed as a multi-purpose citizenry as a he building, which y will consist of an sign and construction	
5. State Agency to red	ceive requested funds	Departme	ent of Economic Oppo	ortunity		
State Agency conta	acted? No					
6. Amount of the Non	recurring Request for Fisc	al Year 202	23-2024			
Type of Funding			Amo	unt		
Operations				0		
Fixed Capital Outlay	1		5,890,200			
Total State Funds I	Requested			5,890,200		
7. Total Project Cost f	or Fiscal Year 2023-2024 (i	ncluding r	matching funds avai	lable for this project)	
Type of Funding			Amount	Percentage		
	equested (from question #6)		5,890,200	100%		
Matching Funds						
Federal			0	0%		
State (excluding the amount of this request)				224		
	amount of this request)		0	0%		
Local	amount of this request)		0	0%		
Local Other			0	0% 0%		
Local Other	amount of this request) s for Fiscal Year 2023-2024		0	0%		
Local Other Total Project Costs			0	0% 0%		
Local Other Total Project Costs 8. Has this project pro	s for Fiscal Year 2023-2024 eviously received state fun Amount	ding?	0 0 5,890,200 No	0% 0%		
Local Other Total Project Costs 8. Has this project pro	s for Fiscal Year 2023-2024 eviously received state fun Amount		0 0 5,890,200 No	0% 0% 100%		
Local Other Total Project Costs 8. Has this project pro	s for Fiscal Year 2023-2024 eviously received state fun Amount	ding?	0 0 5,890,200 No	0% 0% 100%		
Local Other Total Project Costs 8. Has this project pro Fiscal Year (уууу-уу)	s for Fiscal Year 2023-2024 eviously received state fun Amount	ding?	0 0 5,890,200 No	0% 0% 100%		
Local Other Total Project Costs 8. Has this project pro Fiscal Year (уууу-уу) 9. Is future funding lil	eviously received state fun Amount Recurring Nonre	ecurring	0 0 5,890,200 No Specific Appropriation #	0% 0% 100%		
Local Other Total Project Costs 8. Has this project pro Fiscal Year (уууу-уу) 9. Is future funding lil a. If yes, indicate n	eviously received state fun Amount Recurring Nonre	ecurring	Specific Appropriation #	0% 0% 100%		
Local Other Total Project Costs 8. Has this project pro Fiscal Year (уууу-уу) 9. Is future funding lil a. If yes, indicate n	eviously received state fun Amount Recurring Nonre kely to be requested? onrecurring amount per ye	ecurring	Specific Appropriation #	0% 0% 100%		
Local Other Total Project Costs 8. Has this project pro Fiscal Year (уууу-уу) 9. Is future funding lil a. If yes, indicate n b. Describe the sou	eviously received state fun Amount Recurring Nonre kely to be requested? onrecurring amount per ye	ecurring ear.	Specific Appropriation #	0% 0% 100% Vetoed		



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No				
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	
b. Is the projec	t "shovel read	ly" (i.e permitted)?	No
c. What is the estimated start date of construction?			1/1/2024

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.

Town of Hilliard		

2/28/2025

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

d. What is the estimated completion date of construction?

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The construction of the proposed Community Center - Hurricane Shelter facility is expected to require both architectural and engineering design, bidding and construction observation services as well as the construction of the proposed facility by a licensed contractor.	5,890,200
Total State Funds Requested (m	ust equal total from question #6)	5,890,200

14. Program Performance

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



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Once constructed, the Community Center will serve the entire population of the Town of Hilliard as a gathering place for social and recreational events, during significant weather events, the facility will also serve as a hurricane shelter for the communities residents. As proposed the building will have the ability to remain fully operational during and immediately after severe storms, tropical cyclones and significant rain events (flooding conditions),

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

The gymnasium will provide a facility for recreational activities such as basketball and volleyball to be carried out. The community center will provide a place for community meetings, family reunions, weddings, bridal showers, educational forms and other types of meetings to be carried out.

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

The gymnasium will provide a facility for recreational activities such as basketball and volleyball to be carried out. The community center will provide a place for community meetings, family reunions, weddings, bridal showers, educational forms and other types of meetings to be carried out. The building will also serve as a hurricane shelter during and immediately following significant weather or natural disaster events.

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

Based upon the 2011-2015 American Census Survey the Town of Hilliard contains 3,010 people, 1,955 of which are low and moderate income. All of whom will be able to attend and participate in events held at the Community Center facility. During significant weather events and natural disasters all of the Town's citizens will have the option of riding out the significant storm event in the hurricane shelter. Therefore, all 3,010 people will benefit from the Town's community center once it is constructed.

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

The expected outcome is to have a community center and indoor recreational facility which will serve the entire community. The methodology to determine the success of the community center is how many events are scheduled at the facility and the number of people attending each event.

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?

Standard state contract penalties. 15. Requester Contact Information Last Name | Purvis a. First Name Lisa b. Organization Town of Hilliard c. E-mail Address | lpurvis@townofhilliard.com **d. Phone Number** (904)845-3555 Ext. 16. Recipient Contact Information a. Organization Town of Hilliard b. Municipality and County Nassau c. Organization Type □For Profit Entity □Non Profit 501(c)(3) □Non Profit 501(c)(4)



17.

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☑Local Entity				
□University or Co	llege			
□Other (please specify)				
d. First Name	Lisa	Last Name	Purvis	
e. E-mail Address	lpurvis@townofhilliard.cor	n		
f. Phone Number	(904)845-3555			
Lobbyist Contact Information				
a. Name	Douglas Arlington Holder	Jr		
b. Firm Name	The Legis Group			
c. E-mail Address	doug@legisgroupfl.com			
d Phone Number	(941)735-4755			