



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Bonifay Memorial Field Facilities

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 12/28/2017

4. **Project/Program Description:**

This project will make needed improvements to Memorial Field located within Memorial Park in Bonifay, Florida. The primary purpose is to make structural safety improvements including support structures for stands and retaining wall safety including needed drainage improvements. The project will eliminate health and safety issues at the existing facility.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Economic Opportunity

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	1,000,000	1,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2016-17



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No  
e. Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

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

Construction and related engineering design and inspection. Portion of funds will be spent on the stands supporting structure including needed repairs and reinforcement, replacement of guardrails and long-term surface protection. Will also rebuild a portion of the failing retaining walls, construct needed drainage and install a safety protection cover on both retaining walls.

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

The primary beneficiaries of this project will be the thousands of citizens of Holmes, Washington, Walton and Bay counties who attend events at Memorial Field in Bonifay. These include the famous Northwest Florida Championship Rodeo and football games for High School, Middle School and Pee Wee leagues. It is estimated that events held at the field generate at least \$2,250,000 in economic benefit to the economy of Bonifay and Holmes County every year.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction and related engineering design and inspection.	1,000,000
TOTAL		1,000,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

The project safety and health improvements, when completed, will allow the City of Bonifay to continue to operate the only outdoor event facility in Holmes County. There is nowhere else in the county where any outdoor event of any size can be held, unlike other counties where there exist multiple facilities.

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

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

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**g. 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 in the contract?**

None

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**



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City of Bonifay

**13. Requestor Contact Information:**

- a. **Name:** Richard Woodham
- b. **Organization:** City of Bonifay
- c. **Email:** cityofbonifay.jeri@embarqmail.com
- d. **Phone Number:** (850)547-4238

**14. Recipient Contact Information:**

- a. **Organization:** City of Bonifay
- b. **County:** Holmes
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. **Contact Name:** Richard Woodham
- e. **E-mail Address:** cityofbonifay.jeri@embarqmail.com
- f. **Phone Number:** (850)547-4238

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**