



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Suwannee County Railroad Crossing and Road Construction

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 01/22/2018

4. **Project/Program Description:**

Suwannee County Railroad Crossing relocation at Regional Industrial Complex (Catalyst site) and construction of 175th Road.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Transportation

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

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 |
|---------------------------------|---|---------------------------------------|
| | 1,650,000 | 1,650,000 |

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 | 50,000 | 2.9% |
| Other | 0 | 0.0% |
| TOTAL | 50,000 | 2.9 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,700,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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

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?

The subject improvements are necessary so that the County can facilitate more businesses at the Catalyst site and ultimately the creation of new jobs which are desperately needed in this rural community. A new company has purchased 100 acres within the Catalyst site and is prepared to begin construction

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

The subject improvements are necessary so that the County can facilitate more businesses at the Catalyst site and ultimately the creation of new jobs which are desperately needed in this rural community. A new company has purchased 100 acres within the Catalyst site and is prepared to begin construction once satisfied that the road and rail crossing will be constructed. Prime sites for distribution, logistics and manufacturing with rail access. It is located in Suwannee County Land Use (LU) designated "Employment Center." This county Designated LU "Employment Center" is intended to attract and accommodate industrial, wholesale, manufacturing, and assembly uses, warehousing, offices, and combinations of the above uses. Accessory commercial activities within Employment Centers could provide internal retail and service needs for the Center. Commercial and multi-family uses are encouraged (when combined) in order to provide a complete mix of employment and housing opportunities.

c. How will the funds be expended?

| Spending Category | Description | Amount |
|--|-------------|--------|
| Administrative Costs | | |
| <input type="checkbox"/> Executive Director/Project Head Salary and Benefits | | |



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| | | |
|---|--|-----------|
| <input type="checkbox"/> Other Salary and Benefits | | |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <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 | Relocation of existing Railroad Crossing and the construction of the main internal road to the Regional Industrial Park. | 1,650,000 |
| TOTAL | | 1,650,000 |

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

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

A financially disadvantaged community and rural area of opportunity, 150,000 individuals.

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?**
Agreed to penalties from Dept.

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.**
Suwannee County Board of County Commissioners

13. **Requestor Contact Information:**

- a. **Name:** Alvin Jackson, Jr. (EDO)
b. **Organization:** Suwannee County Board of County Commissioners
c. **Email:** alvinj@suwgov.org
d. **Phone Number:** (386)688-5366

14. **Recipient Contact Information:**

- a. **Organization:** Suwannee County
b. **County:** Suwannee
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:** Harris Randy (County Admins)
e. **E-mail Address:** randyh@suwgov.org
f. **Phone Number:** (386)364-3400

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

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