



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2662

**1. Title of Project:** Union Correctional Institution - Payment in Lieu of Ad Valorem Taxes

**2. Senate Sponsor:** Rob Bradley

**3. Date of Submission:** 04/01/2019

**4. Project/Program Description:**

The State owned Union Correction Institution is located in Union County. Union County is a fiscally constrained county, and has the lowest county-wide taxable property value in the state. This request provides recurring funding to Union County in lieu of ad valorem taxation for the Union Correctional Institution.

This request form is submitted for informational purposes, and does not signify or acknowledge that this request meets the definition of an "Appropriations Project", under Joint Rule 2.

**5. State Agency to receive requested funds :** Department of Corrections

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>100,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	100,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>100,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

a. If yes, indicate non-recurring amount per year. 100,000 (recurring)

**10. Details on how the requested state funds will be expended**



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Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Funding to Union County in lieu of ad valorem taxation for the Union Correctional Institution	100,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>100,000</b>

**11. Program Performance:**

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

To provide financial assistance to Union County, a fiscally constrained county. Union County has the lowest county-wide taxable property value in the State.

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

Financial assistance to Union County, a fiscally constrained county. Union County has the lowest county-wide taxable property value in the State.

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

Financial assistance to Union County, a fiscally constrained county. Union County has the lowest county-wide taxable property value in the State.

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

Citizens of Union County, approximately 15,000

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

Financial assistance to Union County, a fiscally constrained county. Union County has the lowest county-wide taxable property value in the State.

**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 in the contract?**

Standard contract penalties are adequate.

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



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**relationship between the owner(s) of the facility and the entity.**

N/A

#### 13. Requestor Contact Information:

- a. **Name:** Kellie Connell
- b. **Organization:** Union County
- c. **E-mail Address:** connellk@unionclerk.com
- d. **Phone Number:** (386)496-3711

#### 14. Recipient Contact Information:

- a. **Organization:** Union County
- b. **County:** Union
- 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:** Kellie Connell
- e. **E-mail Address:** connellk@unionclerk.com
- f. **Phone Number:** (386)496-3711

#### 15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**