



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1464

1. **Project Title** 2. **Senate Sponsor** 3. **Date of Request** 4. **Project/Program Description**

The Hamilton County Board of County Commissioners owns the building being used by the Hamilton County Health Department. The building is in need of ADA compliant bathrooms, ADA compliant building entry/exit, and staff security (Hardening) features for the protection of life.

5. **State Agency to receive requested funds** State Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="000"/>
Fixed Capital Outlay	<input type="text" value="325,000"/>
<b>Total State Funds Requested</b>	<b>325,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input type="text" value="325000"/>	<input type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>325,000</b>	<b>100</b> %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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

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: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovation of pre-ADA bathrooms to accommodate ADA patients. Mechanical entry/exit and walkway upgrades for ADA patients. Reception area security enhancements for staff security precautions in the event of an active shooter.	325,000
<b>Total State Funds Requested (must equal total from question #6)</b>		325,000



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#### 11. Program Performance

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

Renovation of pre-ADA bathrooms to accommodate ADA patients. Mechanical entry/exit and walkway upgrades for ADA patients. Reception area security enhancements for staff security precautions in the event of an active shooter.

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

Hardened facilities with bulletproof glass in patient/reception area. Ability for ADA clients to use bathroom facilities.

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

Client/staff safety building enhancements and ADA capabilities for bathrooms.

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

The target population is the entire population of Hamilton County using the County Health Department.

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

Client/staff safety building enhancements and ADA capabilities for bathrooms. Hardened facilities with bulletproof glass in patient/reception area. Ability for ADA clients to use bathroom facilities.

- 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?

No additional penalties needed.



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12. **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.**

Hamilton County Board of County Commissioners to receive the funding and are the property owners for the people of Hamilton County.

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.