



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1980

1. **Project Title** Sam Atkins Park Lighting - Calhoun

2. **Senate Sponsor** Bill Montford

3. **Date of Request** 11/05/2019

4. **Project/Program Description**

Sam Atkins Park was significantly damaged due to Hurricane Michael. The park provides many recreational opportunities to the community including sports, biking, running and walking facilities. The park was not insured and the county has used force account labor to repair damaged aspects of the park. One component that was heavily damaged is the ball field lighting system. Many of the wooden light poles were damaged or destroyed along with the lights. The county is proposing replacing the lights with hardened, concrete poles and LED lighting. This will enhance the facility and allow the county to move forward with ball season for the youth of the county.

5. **State Agency to receive requested funds** Department of Economic Opportunity

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	1,200,000
Total State Funds Requested	1,200,000

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)	1200000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	1,200,000	100 %

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		

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Replacement of four ball field lighting systems with concrete poles and LED lights	1,200,000
Total State Funds Requested (must equal total from question #6)		1,200,000



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11. Program Performance

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

Sam Atkins Park provides many recreational opportunities in the community including hosting baseball, softball, and soccer games. The proposed lighting will allow these games to continue and allow the youth of the community to get involved in sports and provides physical as well as educational opportunities.

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

Recreational activities.

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

Lighting will provide recreational opportunities in the evening hours including sports, walking, running, and biking.

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

Over 5,000 individuals.

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

Recreational activities for the community.

- 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?

Repayment of funds.



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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.**

Calhoun 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.