



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1438

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?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	325,000
Total State Funds Requested	325,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	325,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	325,000	100%

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
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
Total State Funds Requested (must equal total from question #6)		325,000

12. 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 the contract?



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Deobligation of funds.

- 13. 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.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number