

LFIR # 1517

| 1. Project Title | Jacob City Hall | | | | | | |
|--|---|---|--|---|--|--|--|
| 2. Senate Sponsor | George Gainer | | | | | | |
| 3. Date of Request | 01/26/2021 | | | | | | |
| 4. Project/Program D | escription | | | | | | |
| that we currently hat the building, this wa | ve is outdated and s a safety issue an | small. There is lir d proposed a pro | mited seating for the blem to adhering to t | citizens to attend mee he CDC guidelines for | dated city hall as the one etings. Due to the size of r COVID-19. There were of the current city hall. | | |
| 5. State Agency to re | ceive requested fu | unds Depart | ment of Economic O | pportunity | | | |
| State Agency conta | acted? No | | | | | | |
| 6. Amount of the Non | recurring Request | t for Fiscal Year | 2021-2022 | | | | |
| Type of Funding | | | A | mount | 1 | | |
| Operations | | | | (| o l | | |
| Fixed Capital Outlay | / | | | 550,000 | \overline{o} | | |
| Total State Funds | | | | 550,000 | | | |
| | | | | | _ | | |
| 7. Total Project Cost f | or Fiscal Year 202 | 21-2022 (includir | ng matching funds | available for this pro | ject) – | | |
| Type of Funding | | | Amount | Percentage | 4 | | |
| Total State Funds Requested (from question #6) | | | 550,0 | 00 100% | <u>,</u> | | |
| Matching Funds | | | | | 4 | | |
| Federal | | | | 0 0% | 7 | | |
| State (excluding the amount of this request) | | | | 0 0% | 7 | | |
| Local | | | | 0 0% | | | |
| Other | | | | 0 0% | | | |
| Total Project Costs | s for Fiscal Year 2 | 021-2022 | 550,0 | 00 100% | <u> </u> | | |
| 8. Has this project pr | eviously received | state funding? | No | | | | |
| Fiscal Year | Λm | ount | Specific | Vetoed | 1 | | |
| (уууу-уу) | Recurring | Nonrecurring | A | | | | |
| | Roodining | Trom courting | | | i | | |
| | | | | | | | |
| 9. Is future funding li | kely to be request | ed? | No | | | | |
| a. If yes, indicate n | onrecurring amou | unt per year. | | | | | |
| - | _ | | n lieu of state fundi | na | _ | | |
| b. Describe the sol | urce or runding th | at call be used i | ii iieu oi state iuiiui | | 7 | | |
| | | | | | | | |
| 10. Has the entity req | uesting this proje | ct received anv | federal assistance | related to the COVID | -19 pandemic? | | |
| | , <u>G</u> p. 0)0 | | | | | | |
| Yes | | | | | | | |
| If yes, indicate the | amount of funds | received and wh | hat the funds were | used for. | | | |



LFIR # 1517

| The City of Jacob received funds from the Cares Ac |
|--|
|--|

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 | Architectural services, design, survey, permitting, and admin services. Construction services of a new city hall. | 550,000 | | | | |
| Total State Funds Requested (must equal total from question #6) 550,000 | | | | | | |

12. Program Performance

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

The new city hall will allow the city to have a more spacious and up to date office to operate on a daily basis and host meetings. The new city hall can also be used as an emergency operations center for future storm events such as Hurricane Michael.

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

The new city hall will allow the city to have a more up to date location to host their city meetings, special meetings, and other city business the city needs to conduct.

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

The new city hall will host various city meetings in the future and will accommodate more residents of the city who would like to attend.

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

The entire City of Jacob.

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

To allow for the City of Jacob to have a meeting place to discuss matters within their city, host various city meetings and special meetings, operate as an emergency operations center, and be a place of refuge following major storm events like Hurricane Michael.

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?

Standard contract penalties will be sufficient.



LFIR # 1517

| 13. | The owners of the facility | y to receive, directly | or indirectly, any | y fixed capital | outlay funding. | Include the |
|-----|----------------------------|------------------------|--------------------|-----------------|-----------------|-------------|
| | relationship between the | | | | | |

City of Jacob owns and operates the facility.



LFIR # 1517

| 14 | . Requestor Contact | t Informati | ion | | | | |
|----|------------------------------------|---------------------------|-----|-----------|--------|--|--|
| | a. First Name | Carl Last Name Bailey | | | | | |
| | b. Organization | City of Jacob | | | | | |
| | c. E-mail Address | jacobcity@wfeca.net | | | | | |
| | d. Phone Number | (850)326-4116 Ext. | | | | | |
| 15 | 15. Recipient Contact Information | | | | | | |
| | a. Organization | City of Ja | cob | | | | |
| | b. Municipality and County Jackson | | | | | | |
| | c. Organization Type | | | | | | |
| | □For Profit Entity | | | | | | |
| | □Non Profit 501(d | c)(3) | | | | | |
| | □Non Profit 501(c | 501(c)(4) | | | | | |
| | ☑Local Entity | | | | | | |
| | □University or College | | | | | | |
| | □Other (please specify) | | | | | | |
| | d. First Name | Carl | | Last Name | Bailey | | |
| | e. E-mail Address | jacobcity@wfeca.net | | | | | |
| | f. Phone Number | (850)326-4116 | | | | | |
| 16 | 16. Lobbyist Contact Information | | | | | | |
| | a. Name | None | | | | | |
| | b. Firm Name | None | | | | | |
| | c. E-mail Address | | | | | | |
| | d. Phone Number | ne Number | | | | | |