

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1748

1. Project Title	City of Lawtey D					
2. Senate Sponsor	Jennifer Bradley					
3. Date of Request	02/04/2021					
4. Project/Program Do	escription					
Replace 1997 Ford	75 dump truck.					
5. State Agency to re	ceive requested fu	nds Depar	tment of Ecor	omic Oppo	rtunity	
State Agency conta	_	<u> </u>				
		for Final Voc	- 2024 2022			
6. Amount of the Non	recurring Request	tor Fiscai Yea	r 2021-2022			1
Type of Funding				Amo	unt	
Operations					0	_
Fixed Capital Outlay					120,000	T .
Total State Funds I	Requested				120,000	
7. Total Project Cost f	or Fiscal Vear 202	1-2022 (includ	ina matchina	funde avai	lable for this proje	ect)
-	Oi i iscai i eai 202	1-2022 (IIICIUU				1
Type of Funding	. 1.75		Amou		Percentage	
Total State Funds R	equested (from que	estion #6)		120,000	100%	
Matching Funds					00/	1
Federal				0	0% 0%	1
State (excluding the amount of this request)				0	1	
Local				0	0%	1
Other	for Final Year 20	2000		420,000	0%	1
Total Project Costs	S for Fiscal Year 20	JZ1-2UZZ		120,000	100%	I
8. Has this project pro	eviously received	state funding?	No			
Fiscal Year	Amo	nunt	Sno	ecific	Vetoed	1
(уууу-уу)	Recurring	Nonrecurrin	A	riation #	veloeu	
	recouring	Nomedanii	9			
						ı
9. Is future funding lil	kely to be requeste	ed?	No			
a. If yes, indicate n	onrecurring amou	nt per vear.				
• ,	•		: !: f . t . t			1
b. Describe the sou	urce of funding tha	at can be used	in lieu of sta	te tunaing.		7
10. Has the entity req	uesting this project	ct received any	, fodoral acci	stanco rola	ted to the COVID-	10 nandomic?
	acoung uno projet	ot received ally	i icuciai assi	stanice rela	ted to the COVID-	15 pandenne:
No						
If yes, indicate the	amount of funds	received and w	hat the fund	s were use	d 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	Truck with dump bed.	120,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	120.000

12	Program	Performance
12.	FIUUIAIII	PEHOIDANCE

а	What	specific	purpose or	iw Ison	l he acl	hieved h	v the f	unds re	auested?
a.	vviiai	Specific	pui pose oi	uuai wii	II DE aci	ilieveu b	v uie i	unus re	uucsicu:

Replacement of old dump truck that is problematic and has had many expensive repairs.

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

Maintenance of streets and general up keep of the city.

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

Collect household garbage and yard trash, clean city streets, and haul road material.

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

The people of Lawtey, pop. 1,000, in addition to those who travel through on SR 301.

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

Improved maintenance of a fiscally constrained county.

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?

Take the dumptruck back.

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.

N/A
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14	14. Requestor Contact Information								
	a. First Name	JIMMIE Last Name SCOTT							
	b. Organization	CITY OF LAWTEY							
	c. E-mail Address	cityoflawtey@embarqmail.com							
	d. Phone Number	(904)782-3454 Ext.							
15	15. Recipient Contact Information								
	a. Organization	nization CITY OF LAWTEY							
	b. Municipality and County Bradford								
	c. Organization Type								
	□For Profit Entity	≣ntity							
	□Non Profit 501(c	(c)(3)							
	□Non Profit 501(c	501(c)(4)							
	☑Local Entity								
	□University or College								
	□Other (please sp	ecify)							
	d. First Name	JIMMIE		Last Name	SCOTT				
	e. E-mail Address	cityoflawtey@embarqmail							
	f. Phone Number	(904)782-3454							
16	16. Lobbyist Contact Information								
	a. Name	None							
	b. Firm Name	None							
	c. E-mail Address								
	d. Phone Number	Number							