

LFIR # 1749

-	_		ieu of state funding.		
Is future funding lik a. If yes, indicate n	•		No		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
Fiscal Year		ount	Specific	Vetoed	
Has this project pro	eviously received	state funding?	No		
<b>Total Project Costs</b>	for Fiscal Year 20	021-2022	400,000	100%	
Other			0	0%	
Local			0	0%	
State (excluding the	amount of this requ	uest)	0	0%	
Federal			0	0%	
Total State Funds R  Matching Funds	equested (from que	estion #6)	400,000	100%	
Type of Funding			Amount	Percentage	
Total Project Cost f	or Fiscal Year 202	1-2022 (including	matching funds avai	lable for this proje	ect)
Total State Funds I	Requested			400,000	
Fixed Capital Outlay			400,000		
Operations				0	
Type of Funding			Amo	unt	
Amount of the Noni	ecurring Request	for Fiscal Year 20	21-2022		
State Agency conta	cted? No				
State Agency to red	ceive requested fu	<b>Departme</b>	nt of Education		
			ichers, and staff withir		
Project/Program De	•	actronic access con	trol key system for ea	ch school in the dis	trict. The addition of t
Date of Request	02/12/2021				
Senate Sponsor	Jennifer Bradley				
Sanata Smanaa					
	Control Key Sys				

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



LFIR # 1749

The District has received federal CARES act funding to defray COVID related costs.
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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/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering	Electronic Access Key Control System	400,000			
Total State Funds Requested (must equal total from question #6)					

### 12. Program Performance

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

The request is submitted to fund an electronic access control key system for each school in the district. This system will allow for a better response to an active assailant situation, allow for one step lockdown of critical buildings, notification of unsecured/propped doors, improved response time for first responders, and allow for monitoring of ingress and egress when needed. System will drastically improve the overall safety and security of each school in the district.

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

Increased level of security for access to all school buildings within the district. Addition of system will improve safety and security for all students, teachers and staff.

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

Access control system will provide increased safety and security for the students of Lafayette County.

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

Project will serve students in grades PK-12 throughout Lafayette County. Approximately 1300 students, faculty, and staff will be served by this project.

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

Increased options in active assailant response, increase in monitoring capabilities, reduction in propped/unsecured classroom doors, and reduction in unwanted building/campus access.

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?

D ( "		
Reduce or repay funding		



LFIR # 1749

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.

Lafayette County District Schools owns all facilities where fixed capital outlay funding will be utilized.



LFIR # 1749

14.	14. Requestor Contact Information						
	a. First Name	Robert		Last Name	Edwards		
	b. Organization	Lafayette County District School					
	c. E-mail Address	redwards@lcsbmail.net					
	d. Phone Number	(386)294-4701 Ext.					
15.	15. Recipient Contact Information						
	a. Organization	Lafayette County District School					
	b. Municipality and County Lafayette						
	c. Organization Type						
	□For Profit Entity						
	□Non Profit 501(c	c)(3)					
	□Non Profit 501(d	(c)(4)					
	☑Local Entity	al Entity					
	□University or College						
	□Other (please specify)						
	d. First Name	Gerald		Last Name	Powers		
	e. E-mail Address	gpowers@lcsbmail.net					
	f. Phone Number	(386)294-2889					
16.	16. Lobbyist Contact Information						
	a. Name	None					
	b. Firm Name	None					
	c. E-mail Address	S					
	d. Phone Number						