



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1956

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

To renovate and upgrade pre-existing bathrooms, exhibit halls, address ADA ramps & changing stations. Improvements may include, but not be limited to, adding a judging livestock area & outbuildings located on approximately 11.5 acres within a 70-acre site owned by the Hardee County Board of Commissioners. Facility upgrades include ADA compliant restroom and entryway, & two permanent barns & circulation apparatus for the arena. The Cattlemen's Arena has been an institution for the county for more than 37 years. There are no other facilities located within Hardee County that can reasonably accommodate multiple community events such as the Hardee County Fair that hosts approximately 15,000 visitors, 4-H & FFA livestock shows & sales, high school graduation ceremonies, barrel racing & other rodeo events.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes  No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	225,000
<b>Total State Funds Requested</b>	<b>225,000</b>

**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)	225,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>225,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2016-17	0	300,000	1442b	Yes

9. **Is future funding likely to be requested?**  No  Yes
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

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

\$5 million; public programs; individual assistance for rent/mortgage/utilities; small business assistance to help cover employee wages, vendor bills, rent/mortgage payments, PPE; community partners food security/mitigation that were issued in the form of grants to qualifying non-profits & religious organizations providing critical services to the community; expenses associated with telework, PPE, physical modifications to facilities; & expenses relating to public safety employees.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Contractual architectural/engineering & construction services	225,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>225,000</b>

**12. Program Performance**

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

To provide safe structures that are up to code, and include current ADA compliance regulations, improved educational facilities, and adequate arena facilities.

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

Contractual engineering and construction services for renovation and upgrades -- pre-existing bathrooms; ADA compliant ramps & restrooms & changing stations for bathrooms; the exhibit halls -- (electrical & lighting upgrades, internal façade for arts, crafts and agricultural related education exhibits); covered concrete "y-shaped" walkway from the west end of the exhibit hall to the arena, entryway, barns, circulation apparatus for arena, judging livestock area & outbuildings for citrus.

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

Life, health & safety of citizenry in and on county owned property to include ADA accessibility & accommodations, code compliance facilities to attend and participate in educational community events, 4-H and FFA programs & events, rodeos, barrel racing, county fair activities and events.

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

Florida residents & visitors, special needs, elderly, at-risk youth, students, business community, surrounding communities - 12,000+

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



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be measured?

Safe, up to code facilities including ADA facility requirements and accessibility on county owned property. Improved facility provides avenue to expand & improve ag/fair educational programs, enrich cultural experience, agricultural production, economic activity, increase attendance, tourism & revenues. Employment maintained from project.

**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?**

Non-payment of invoices until milestones achieved; implementation of corrective action plan.

**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.**

Hardee County is the owner and the entity.



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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