



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2617

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The City of Milton would like to see the Milton Community Center expanded and renovated to provide adequate, flexible space to prepare the community for a severe pandemic, expansion of shelter space for this rapidly growing county, as well as to meet the community's senior and youth program needs.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	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 2022-2023</b>	<b>500,000</b>	<b>100%</b>

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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The City of Milton is scheduled to receive approximately \$4.4 million from the American Rescue Plan Act. Use of funds will be determined once federal guidance is available.

**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	Expansion and renovation of the existing facility to more than double the size.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

**12. Program Performance**

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

Expansion of the current facility will allow for the city to accommodate the growing needs for the community.

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

Additional fitness classes for seniors, after school classes for at-risk youth, and training and educational programs for those in need can also be achieved.

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

The city will be better prepared to withstand emergency events and well as be able to respond during pandemics.

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

Elderly and economically disadvantaged persons will be served as well as at-risk youth. There are over 1,000 people are expected to benefit from this project.

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

New job training opportunities will provide increase employment numbers for the area.

**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?**

Denial of funding and subsequent audit to the extent allowable under Florida law.

**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.**



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The City of Milton is the owner and 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