



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1803

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

**4. Project/Program Description**

Expansion of the Northeast Florida Fairgrounds, a multi-use facility. This facility is used for yearly community events including our agricultural fair, staging area for emergency operations, animal evacuations during storms, fires and flooding. The present facility is not adequate to meet the rapid growth of Nassau and surrounding counties. Arena type buildings that can be used for multi-purposes events are being built all will be ADA compliant. There is no facility of this type in our area and it will be utilized year around. Community activities, training clinics for law enforcement, programs for Future Farmers of America and 4H, Health Fairs, job fairs, and family rodeos are held at this facility. The addition of 3 new buildings are underway and our plan is to erect at least two additional buildings. Most of the buildings located on the property needs replacement.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	990,000
<b>Total State Funds Requested</b>	<b>990,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	990,000	14%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	4,311,855	59%
Local	50,000	1%
Other	1,913,145	26%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>7,265,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	990,000	1512A	No

9. **Is future funding likely to be requested?**  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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If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

### 13. 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	Complete existing 3 buildings, construct a covered arena type ADA compliant building to be used for 4H and FFA youth shows during the Northeast Florida Fair. The present barn is too small, leaks when raining, floods during heavy rains and has inadequate electrical service. This facility will also be used as an Emergency Operations Site if needed during storms or fires.	990,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>990,000</b>

### 14. Program Performance

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



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Expand the facility to accommodate the increasing numbers of citizens in the five surrounding counties. This will be used for educational purposes and community participation during the Northeast Florida Fair, year around events, animal evacuations, Emergency operations and staging during natural disasters, and many other uses. The fairgrounds is over capacity and the new buildings will expand our facility to meet the growth in our community.

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

see above

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

see above

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

Those living in and around the five surrounding counties. During the yearly fair the Northeast Florida Fair serves over 50,000 with an additional population of those residing in the counties and number of participants. We expect to increase the number of visitors and seasonal jobs as a result of events held at this facility.

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

Improve physical and mental health by planning health fairs, improving community involvement , enriching cultural experience by providing a outdoor venue for concerts, exhibitions and educational projects. Measurable through participation numbers of patrons and community attendance. Improve Agricultural promotion, education and production by partnering with the Department of Agriculture. Enhance, preserve and improve environment through creating awareness. Encourage safety and protect the general public from harm by hosting safety fairs, exhibits and partnering with Nassau County first responders and the Nassau County sheriffs office. All measurable outcomes as verifying numbers of attendees and program participation.

**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?**

If a recipient of this funding does not meet the stated requirements, deadlines and standards set forth, then funding should be withheld until compliance is established. This will penalize those who do not meet critical deadlines.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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)



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- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**