



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2384

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	750,000
Total State Funds Requested	750,000

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)	750,000	11%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	6,250,000	89%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	7,000,000	100%

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 County received CARES, ARPA, and COVID-19 related grant funding for a broad range of public health and economic recovery projects related to the pandemic.
 CARES - \$38,257,783
 ARPA - \$42,587,131

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)?

No

c. What is the estimated start date of construction?

TBD

d. What is the estimated completion date of construction?

TBD

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.

The Clay County Board of County Commissioners will own the facility and receive any fixed capital outlay funding.

13. 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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design and construction for Fire Station 20	750,000
Total State Funds Requested (must equal total from question #6)		750,000

14. Program Performance

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

Construction of Fire Station 20 in Green Cove Springs (Clay County).

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

Fire rescue emergency services will be provided at this facility.



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

Faster emergency response times will be a direct result of upgraded, larger fire stations in the service area.

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

General population county-wide (218,245).

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

Faster emergency response times and greater capacity to serve the needs of Clay County's growing population will be direct benefits of this project. Emergency response times are recorded and will be used as part of the methodology to measure success.

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?

The local government is responsible for conforming with all federal and state regulations governing the program. All local governments must comply with federal regulations and certify that, if funded, they will comply with all applicable laws and requirements. It is important that applicants understand the commitment they will be undertaking.

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)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

17. Lobbyist Contact Information



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a. Name	<input type="text" value="Mercer Fearington Jr."/>
b. Firm Name	<input type="text" value="The Southern Group"/>
c. E-mail Address	<input type="text" value="fearington@thesoutherngroup.com"/>
d. Phone Number	<input type="text" value="(850)671-4401"/>