



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2574

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

There are limited structures for businesses to open in Calhoun County. Our goal is to take an existing building owned by the county and replace the entire envelope, ie: roof and walls, leaving an open floor plan to attract various types of business entities. This would create long term jobs and local economic growth. The building has existing municipal water, sewer and electrical installed.

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               | 1,500,000        |
| <b>Total State Funds Requested</b> | <b>1,500,000</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)       | 1,500,000        | 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 2023-2024</b> | <b>1,500,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>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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CARES Act Funds - \$2,485,816 - body temp kiosks, sneeze guards, ambulance, COVID testing machines and kits, message boards, cleaning supplies and public health and safety employee salaries. ARP funds \$2,739,731 - loss of revenue

## 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?

10/1/2023

d. What is the estimated completion date of construction?

10/1/2024

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.

Calhoun County

### 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                      | Restore the 30,000 SF Business Building | 1,500,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>1,500,000</b> |

### 14. Program Performance

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

There are limited structures for businesses to open in Calhoun County. Our goal is to take an existing building owned by the county and replace the entire envelope, ie: roof and walls, leaving an open floor plan to attract various types of business entities. This would create long term jobs and local economic growth. The building has existing municipal water, sewer and electrical installed.

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



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Reconstruct the building so that the Chamber of Commerce along with the BOCC will be able to provide a structure to attract outside companies wanting to open or relocate to Calhoun County.

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

By constructing the building and attracting businesses, it will create long term job opportunities for local citizens and stimulate the local economy.

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

General population of Calhoun County and businesses looking to relocate.

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

Attracting outside businesses to the county and jobs created through a business opening in the county.

**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 County will work with the contracting agency to determine applicable measures should funding be made available.

**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

b. Firm Name

c. E-mail Address

d. Phone Number