



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2024

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Baker County is seeking funding for the construction of the Senior Life Enrichment Center Phase 2 project. Phase 2 includes the construction of a lighted parking lot, aluminum walk-way system and paved road access.

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

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

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	91%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	50,000	9%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>550,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested?  No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

### Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

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

No

c. What is the estimated start date of construction?

06/01/2025

d. What is the estimated completion date of construction?

06/01/2027

e. What funding stream will be used for ongoing operations and maintenance of the project?

Local Funds

11. 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.

Baker County Board of County Commissioners will own this facility.

12. 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	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs</b>		
Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of a paved parking lot, aluminum walk-way system, and paved road access	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

13. Program Performance

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

To create an ease of access for users, employees and the general public to this facility, in a safe and secure environment.

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

Construction of a lighted parking lot, aluminum walk-way system and paved road access to the Senior Life Enrichment Center. Phase 2 will construct a lighted parking lot in close proximity to the Senior Life Enrichment Center to allow elderly clients ease of access to services offered at this location. Aluminum walk-way system will be constructed to connect the Senior Life Enrichment Center to the Transportation Office. This will allow staff and clients the ability to visit each building safely, during inclement weather. Paved road access will allow clients and staff the ability to safely enter the property; the road is currently unpaved and subject to weather related issues.



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

Safe and secure access to the facility in which necessary services to the senior citizens of Baker County is provided.

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

Senior Citizens. Estimated 800 monthly.

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

Increased use of services to local senior citizens to the facility.

**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 in the contract?**

liquidated damages

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply



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a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

**17. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**18. 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  Ext.

**19. Lobbyist Contact Information**

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*