



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2055

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Baker County seeks funding for the engineering, permitting, wetlands deleniation, access improvements and fencing of a currently owned 20 acre parcel to be used for a new Baker County Public Works Operation Center and Disaster Staging Facility.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	400,000
Total State Funds Requested	400,000

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)	400,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	20%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	500,000	100%

8. Has this project previously received state funding?

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?

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 operating 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
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		
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	Engineering, permitting, wetlands delienation, access improvements and fencing of a currently owned 20 acre parcel to be used for a new Baker County Public Works Operation Center and Disaster Staging Facility.	400,000
Total State Funds Requested (must equal total from question #6)		400,000

13. Program Performance

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

This new facility will be located on vacant property owned by the Baker County Board of County Commissioners and will replace a facility that has been in use since the early 1960s. The current property cannot be expanded upon and does not serve the needs of Baker County for future growth. Funds requested will be used to development construction documents and permits so that the property is "shovel ready" at completion. This new property will also allow Baker County to have adequate space for emergency response supplies and space for other providers to stage in the event of an emergency or natural disaster. Storage is limited at the current location due to size constraints.

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



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

Road maintenance operations for all county residents located on public roadways.

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

General Population. 20,000 estimated.

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

Increased productivity from Baker County Public Works by allowing adequate space to perform necessary duties. Increased response times to repairs during a natural disaster by allowing storage of road maintenance and other supplies to be stored in bulk and kept on hand, instead of small individual orders due to inadequate storage space.

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



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- No
- No, but intends to apply

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



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