



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2246

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

These buildings reflects the postmodern architecture of that era and are located in Starke, Florida. They were built under the minimum construction codes of the time and currently requires upgrading to meet present day Safety to Life and ADA requirements. This includes re-roofing, re-flooring, adding air conditioning, upgrading the electrical, interior and exterior improvements and ADA upgrades for the restrooms. This project will provide viable and safe structures for the general population.

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	900,119
Total State Funds Requested	900,119

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)	900,119	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	900,119	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.**



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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?

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

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.

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	Phase III: These three buildings house the Bradford County Resource Wellness & Health Hub, Summer-Day Camp and the future proposed Boys and Girls Club. The renovation project will consist of roofing, electrical & plumbing upgrade, upgrading HVAC's, floor covering , painting, replacement of exterior doors, sidewalk covering and renovation to the 63 years old storm water system.	900,119
Total State Funds Requested (must equal total from question #6)		900,119

13. Program Performance

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



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Funding for these buildings for use as a Summer Day Camp, proposed Boys and Girls Club, Community events, fitness classes, and food drives. They also serve as a central location for the Community Resources Hub which provides community outreach in the area of health, employment, mental health and other services.

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

Summer Day Program, Community gathering, Town Hall & other community meetings, the Bradford County Partners Health & Wellness Resource Hub Services, which provides a centralized location for blood pressure monitoring & mental health counseling, SNAP, youth development, adult education, job skills, Veteran Services, proposed Boys and Girls Club and many others.

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

Summer Day Program, Community gathering, Town Hall & other community meetings, the Bradford County Partners Health & Wellness Resource Hub Services, which provides a centralized location for blood pressure monitoring & mental health counseling, SNAP, youth development, adult education, job skills, Veteran Services, proposed Boys and Girls Club and many others.

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

All of Bradford County, Approximately 28,000 plus.

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

This project will provide a healthy environment for much needed services for youths and adults in Bradford County. It will provide a facility for a Health & Wellness Hub of partners to provide an array of health services, mental health resources, Veteran & Elderly services, Employment resources and youth development. It will also provide educational services for Pre-school, Daycare and Headstart services for youths. This project will bring the structures up to current building code requirements, making them safer and amenable for services and used by the community. This project will help to improve economic development for Bradford County as many agencies and community partners will utilize the buildings for various events, which will bring new revenue into the community.

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?

Loss of programs and activities as described above.

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



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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

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.



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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.