



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2501

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

An elementary relocatables replacement - We are replacing relocatables that are over 30 years old with 8 new relocatables.

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	1,743,320
Total State Funds Requested	1,743,320

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)	1,743,320	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	1,743,320	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?

06/01/25

d. What is the estimated completion date of construction?

07/01/25

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

PECO funds and CONDS.

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.

Jefferson County School Board

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	An elementary relocatables replacement - We are replacing relocatables that are over 30 years old with 8 new relocatables.	1,743,320
Total State Funds Requested (must equal total from question #6)		1,743,320

13. Program Performance

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

Removing children out of 30 year old relocateables, replacing them with new relocatables.

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

These new relocatables will provide a safe facility for our PreK through elementary students for educational services including our exceptional education programs. These new relocatables would also provide a safer environment for our students.

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



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By having our old relocatables replaced with new relocatables, we will be able to help our community by providing educational services to all of our children, PreK through sixth grade. By investing in this project, we are investing in the future of the Jefferson County community and beyond.

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

Economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, preschool students and grade school students. 160 elementary students will be served by the 8 new relocatables.

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

By getting our children out of the 30-year old relocatables and into new relocatables, we will be providing them with a safer learning environment and will be able to separate our elementary students from our secondary students. These new relocatables will also provide ESE services for our students in a specialized area which will help to improve the quality of this program. It will also allow us to add additional early learning facilities which will help us to increase the number of students that we have on campus. We would hope to measure this by seeing grade and behavior improvements as well as possibly attracting new students.

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?

We run the risk of students learning in potentially unsafe, 30-year old relocatables.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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



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- 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) School District

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.