



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2690

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The Washington County Board of County Commissioners is requesting consideration for appropriations for the Washington County Jail repairs and rehabilitation. The Washington County Jail, a 25-year-old facility that operates 24/7 year-round, is in critical need of repair and rehabilitation to maintain its operational integrity and safety standards. As a key infrastructure serving both local and federal inmates with 186 beds, the jail plays an essential role in ensuring public safety and upholding justice. However, after two and a half decades of continuous use, the facility is beginning to show significant wear and tear. Aging infrastructure, outdated systems, and increasing maintenance challenges not only compromise the efficiency of daily operations but also pose potential risks to staff, inmates, and the broader community. Addressing these issues promptly is necessary to ensure the jail can continue meeting the rigorous demands of its mission.

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	1,345,540
<b>Total State Funds Requested</b>	<b>1,345,540</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)	1,345,540	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 2025-2026</b>	<b>1,345,540</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.
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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)?

Yes

c. What is the estimated start date of construction?

06/12/2026

d. What is the estimated completion date of construction?

06/11/2027

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

General Fund

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.

Washington County Jail and Board of County Comissoners

### 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</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	Investing in the repair and rehabilitation of the Washington County Jail is not only a matter of maintaining public safety but also of fiscal responsibility. Proactive upgrades to structural components, security systems, and essential services such as plumbing and electrical systems can extend the life of the facility and reduce long-term costs associated with emergency repairs or operational downtime. Furthermore, a well-maintained facility fosters a safer environment for employees, detainees	1,345,540
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,345,540</b>

### 13. Program Performance

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



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Repair and Rehabilitate the Washington County Jail

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

Complete Repairs and Rehabilitate the Washington County Jail

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

Repairs and Rehabilitation will ensure the safety of both local and federal inmates and employees of the Washington County Jail.

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

Local and federal Inmates and employees of Washington County Jail

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

A well maintained facility, fosters a safer environment for employees, detainees and visitors while ensuring compliance with federal standards.

**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?**

To ensure that the jail can meet the rigorous demands of its mission

**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)?**



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- 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.

#### 19. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address



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d. Phone Number

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