

1. Project Title

### **The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026**

Horseshoe Beach - Rebuilding Town Hall

**LFIR # 2957** 

2. Senate Sponsor	Corey Simon				
3. Date of Request	3/6/2025				
1. Project/Program D	escription				
destruction of its To functions such as a	wn Hall, the central dministrative service	facility for local goes, public meetings	damage from Hurrican vernment operations. V s, and emergency coor eeks funding to rebuild	Without this critical in dination have been	nfrastructure, municipal significantly disrupted,
5. State Agency to re	ceive requested fu	nds Departr	nent of Commerce		
State Agency conta	•	Боран	none of Commerce		
. Amount of the Non	recurring Request	for Fiscal Year 2	025-2026		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay	У			453,199	
<b>Total State Funds</b>	Requested			453,199	
. Total Project Cost	for Fiscal Year 202	5-2026 (including	matching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	Total State Funds Requested (from question #6)			100%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this requ	iest)	0	0%	
Local			0	0%	
Other			0	0%	
<b>Total Project Cost</b>	s for Fiscal Year 20	25-2026	453,199	100%	
3. Has this project pr If yes, provide the	-	_	No		
Fiscal Year (уууу-уу)	Amo Recurring	Nonrecurring	Specific Appropriation #	Vetoed	
9. Is future-year fund	ing likely to be req	uested?	Yes		
a. If yes, indicate r	nonrecurring amou	nt per year.	1,000,000		
b. Describe the so	urce of funding tha	nt can be used in	lieu of state funding.		
N/A					
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).	Status of Constr	uction						
á	a. What is the cur	rrent phase of th	ne project?					
	<ul><li>Planning</li></ul>	O Design	Construction	O N/A				
ı	b. Is the project "	shovel ready" (	i.e permitted)?		No			
(	c. What is the estimated start date of construction?				04/01/2025			
d. What is the estimated completion date of construction? 11/01/2025								
e. What funding stream will be used for ongoing operations and maintenance of the project?								
	Normal operating	g budgeted items						
1.			receive, directly or s of the facility and			outlay funding	j. Include the	
	The Town of Ho	The Town of Horseshoe Beach						

### 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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Architectural and Engineering Fees	453,199
Total State Funds Requested (m	ust equal total from question #6)	453,199

### 13. Program Performance

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

Feasibility of and Design of new Town Hall Facility which would be relocated to an area outside of flood zone but would also encompass our fire station. To be clear Our Town Hall building was totally destroyed in Horseshoe Beach. We are in a mobile rental trailer conducting business.

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

Town Hall and Government operations for the Town of Horseshoe Beach. The new location would mitigate future risk

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



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	Town Hall Business and operations of our Water and utilities.						
	d. Who is the target population served by this project? How many individuals are expected to be served?						
	All Horseshoe Beach Citizens and Businesses						
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcor be measured?							
	This project would put us in a position to then go out for a bid for full construction of town hall.						
	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?						
	None						
14.	Is this project related to mitigation, response, or recovery from a natural disaster? Yes						
а	. 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 infastructure)						
b	. Name of the natural disaster (or Executive Order # for events not under a federal declaration):						
	Hurricane Helene						
15.	Has the entity applied for or received federal assistance for this project?						
	☐ Yes, Applied						
	□ Yes, Received						
	☑ No						
	□ No, but intends to apply						
а	. If yes, provide the FEMA project worksheet ID#:						
b	p. 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 C	i. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):						



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7. Requester Contact	t Informati	ion				
a. First Name	Jeff		Last Name	Williams		
b. Organization	Town of H	Horseshoe Beac	h Florida			
c. E-mail Address	jwilliams@	@stellar.net				
d. Phone Number	(904)631-	-7485	Ext.			
8. Recipient Contact	Information	on				
a. Organization	Town of H	Horseshoe Beac	h			
b. Municipality and	d County	Dixie				
c. Organization Ty	ре					
□For Profit Entity						
□Non Profit 501(d	□For Profit Entity □Non Profit 501(c)(3)					
□Non Profit 501(c)(4)						
□Local Entity						
□University or Co	llege					
☑Other (please sp	pecify) Mu	nicipality				
d. First Name	Jeff		Last Name	Williams		
e. E-mail Address	jwilliams@	@stellar.net				
f. Phone Number	(904)631	-7485	Ext.			
9. Lobbyist Contact I	nformatio	n				
a. Name	None					
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.