



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3362

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

**4. Project/Program Description**

Providing a Publix Safety Complex for Port St. Joe will enhance Public Safety, resilience and disaster preparedness, protect infrastructure and resources, improve Communication, be a long term cost savings and enhance Economic and Community Development for our citizens.. The existing Municipal Buiding was built in 1949, is antiquated, and does not meet the needs of our citizens. To house the Municipal Building, Police, and Fire Departments at one City location would improve services to our citiznes and enhance services.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,900,000
<b>Total State Funds Requested</b>	<b>1,900,000</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)	1,900,000	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>1,900,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	500,000	2496A	No

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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**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)?** No

**c. What is the estimated start date of construction?** 06/30/2026

**d. What is the estimated completion date of construction?** 06/30/2027

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

City Budget

**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.**

None

**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	Providing a Publix Safety Complex for Port St. Joe will enhance Public Safety, resilience and disaster preparedness, protect infrastructure and resources, improve Communication, be a long term cost savings and enhance Economic and Community Development for our citizens	1,900,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,900,000</b>

**13. Program Performance**

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

Combing the Municipal Building, Police, and Fire Department locations of the City of Port St. Joe while replacing antiquated existing facilities damaged by Hurricane Michael in 2018.

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

Central location for citizens to conduct business.



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

Improved service to citizens for city administraton while enhancing protection for police and fire service.

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

Citizens of Port St. Joe and the outlying area.

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

Providing more current, enhanced services for citizens of Port St. Joe. Improved response times for police and fire protection, and a centrally located administraton building for citizens to conduct business in.

**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?**

\$500 per day.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No  Yes

**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 infastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

Hurricane Michael 2018.

**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
- No



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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

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