



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3533

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Hendry County is requesting funding to complete repairs and improvements to the County's Sheriff's office administrative building. The administrative building has experienced significant water damage and the County has been in the process of conducting repairs utilizing monies received through insurance claims and other County general funds. Additional funding is needed in order to complete the necessary repairs including electrical, plumbing and other critical items to ensure a safe environment for the Sheriff's Office employees who work in this office.

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	750,000
<b>Total State Funds Requested</b>	<b>750,000</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)	750,000	60%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	40%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,250,000</b>	<b>100%</b>

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**



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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)?

Yes

##### c. What is the estimated start date of construction?

8/1/2025

##### d. What is the estimated completion date of construction?

3/1/2026

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

Hendry County 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.

Hendry County

#### 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	Renovation	750,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

#### 13. Program Performance

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

Complete necessary repairs and improvements to critical items such as electrical, plumbing and HVAC in the Hendry County Sheriff's Office administrative building in order for Sheriff's Office staff to resume operations in their building

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

Removal and replacement of water damaged items, electrical work, plumbing work to mitigate future water issues, replace HVAC system

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



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Law Enforcement services will be provided to our citizens for funds from this appropriation request. Administrative staff including the Sheriff himself is displaced at this time from the jail facility itself. The return of administrative staff to the jail facility is essential to serve the public properly.

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

All constituents of Hendry County potentially is the target population for this project for law enforcement services as needed. Our current population is approximately 40,000.

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

The expected outcome will be to reunite law enforcement administrative personnel to the Hendry County Sheriff's Office facility.

**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?**

Revocation of funds

**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
- ☐ 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.*