



Senator Kathleen C. Passidomo

2017-18 Local Funding Initiative Request

1. Senate and House Sponsors:

2. Date of Request:

3. Project/Program Description:

4. Amount of Request:

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|----------------------------------|---|--|
| <input type="text" value="34T"/> | <input type="text" value="\$4,200,000"/> | <input type="text" value="\$4,200,000"/> |

5. Total Project Cost (if greater than Total Requested State Funds):

6. Type, Amount and Percent of Match:

| Type | Amount | Percent |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="text" value="34T"/> | <input type="text" value="34T"/> | <input type="text" value="34T"/> |

7. Was the project previously funded by the State?

| Fiscal Year(s) | Amount |
|--|--|
| <input type="text" value="FY2011/2012"/> | <input type="text" value="\$100,793"/> |
| <input type="text" value="34T"/> | <input type="text" value="34T"/> |
| <input type="text" value="34T"/> | <input type="text" value="34T"/> |
| <input type="text" value="34T"/> | <input type="text" value="34T"/> |

8. Is future-year funding likely to be requested?

9. Program Performance (if needed, include additional documentation):
- How will requested funds be spent? Include supporting documentation.
 - Identify expected program results and the expected benefit associated from the requested funds.
 - Who will benefit from receipt of State funds?
 - What specific measures will be used to document performance data for the project, if it receives funds?

10. Requestor Contact information:

- Name and Title:
- Organization:



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| | | |
|-------------------------------------|---|--|
| c. | E-mail Address: | <input type="text" value="cchapman@hendryfla.net"/> |
| d. | Phone Number: | <input type="text" value="863-675-5220"/> |
| 11 | Recipient Contact Information: | |
| a. | Organization: | <input type="text" value="Hendry County Board of County Commissioners"/> |
| b. | Municipality and County: | <input type="text" value="Hendry County"/> |
| c. | Organization type (check all that apply): | |
| <input type="checkbox"/> | For-profit Corporation | |
| <input type="checkbox"/> | Not-for-profit Corporation | |
| <input type="checkbox"/> | 501c3 entity | |
| <input checked="" type="checkbox"/> | Other (please specify) | <input type="text" value="Government"/> |
| d. | Contact Name and Title: | <input type="text" value="Charles T. Chapman"/> |
| e. | E-mail Address: | <input type="text" value="cchapman@hendryfla.net"/> |
| f. | Phone Number: | <input type="text" value="863-675-5220"/> |