



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"/>