



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3071

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

As one of the fastest-growing metropolitan areas, Cape Coral is in need of funding for an expanded Emergency Operations Center (EOC). The EOC expansion will serve the City's population of more than 200,000 residents. The existing EOC was constructed in 2001 when the City's population was 107,631 and the City is anticipated to reach a population of more than 400,000 residents in 10 years.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	9,000,000
<b>Total State Funds Requested</b>	<b>9,000,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	9,000,000	25%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	9,000,000	26%
Local	17,000,000	49%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>35,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	9,000,000	SB 2500	No

9. Is future 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.

Grants and local funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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ARPA funding \$25.4 million for infrastructure.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

**11. 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?** 01/01/2025

**d. What is the estimated completion date of construction?** 12/31/2026

**12. 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.**

City of Cape Coral

**13. 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: Other</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	Funding will be used for design, permitting or construction of the City of Cape Coral Emergency Operations Center expansion. The EOC expansion will serve the City's population of more than 200,000 residents. The existing EOC was constructed in 2001 when the City's population was 107,631 and the City is anticipated to reach a population of more than 400,000 residents in 10 years.	9,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>9,000,000</b>

**14. Program Performance**

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

As one of the fastest-growing metropolitan areas, Cape Coral is in need of funding for an expanded Emergency Operations Center (EOC). The EOC expansion will serve the City's population of more than 200,000 residents. The existing EOC was constructed in 2001 when the City's population was 107,631 and the City is anticipated to reach a population of more than 400,000 residents in 10 years.



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

The Cape Coral EOC expansion will allow for better coordination during all-hazards emergency response through all phases of a disaster. The City operates an All-Hazards Emergency Management Program through an interlocal agreement with Lee County to provide services to the Cape Coral community.

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

All emergency and disaster prevention, mitigation, preparedness, response and recovery provided to city residents, business owners, and visitors. This coordination will comprehensive municipal services (e.g. Public Works, Utilities, Information Technology, Law Enforcement, Financial Services) and essential community partners (e.g. electric service provider, healthcare partners, NGOs).

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

The EOC expansion will serve the City's population of more than 200,000 residents.

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

Consolidated Emergency and Disaster prevention, mitigation, preparedness, response and recovery. The construction of an expanded Emergency Operations Center will allow for all essential coordination to be conducted in a hardened facility with the necessary capabilities (e.g. meeting space, restrooms, showers, technology) needed to properly prepare for, respond to and recover from a disaster. The City of Cape Coral can quantify the number preparedness activities and outreach events to take place, as well as measure the number of partners that can be accommodated during an activation.

**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 the contract?**

Return of funding.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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



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Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**