



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2795

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This project is for the installation of back generators at eight critical Leon County facilities (branch libraries and community centers) to support disaster response and recovery operations.

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

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,000,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.**

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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\$51.2 million in Coronavirus Relief Funds from FDEM as provided in the CARES Act; \$57 million in Coronavirus State and Local Fiscal Recovery Funds under the federal American Rescue Plan Act (ARPA). Funds were used to support economic recovery for households, businesses, nonprofits, and other public health/human services agencies.

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

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

1/1/24

d. What is the estimated completion date of construction?

7/1/24

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.

Leon County Government (owner and applicant)

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Purchase and installation of eight backup generators	500,000
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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

This project seeks to ensure that these Leon County facilities are operable and/or can be utilized in the event of severe winds, flooding, and/or loss of main electrical power. This project will ensure that these facilities, which are located in all areas of the community, including urbanized areas as well as outlying rural areas, can be used as comfort stations, points of distribution for water and supplies, logistical staging areas, or for other uses as described in the county's Comprehensive Emergency Management Plan.



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

This project will ensure that these facilities, which are located in all areas of the community, including urbanized areas as well as outlying rural areas, can be used as comfort stations, points of distribution for water and supplies, logistical staging areas, or for other uses as described in the county's Comprehensive Emergency Management Plan.

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

Following future disasters, this project will allow the county to utilize these facilities to allow citizens without electrical service to cool off, charge mobile devices, and receive assistance during the recovery.

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

This project will benefit residents and potential evacuees to Leon County.

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

This project will facilitate the expanded use of eight Leon County government facilities to support Leon County's emergency response efforts following a disaster. Measured by conducting an updated vulnerability analysis for the community, as identified in the Leon County Comprehensive Emergency Management Plan and the Tallahassee-Leon County Hazard Mitigation Plan.

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?

Deobligation of funds.

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
- Other (please specify)

d. First Name **Last Name**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number