



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Okeechobee County Emergency Special Needs Multi-Use Facility

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

To build a 35,000 square foot Special Needs Emergency/Hurricane hardened Category 5 multi-use shelter on property owned by the County @\$240 per sq. ft. to include ADA accommodations, kitchen, showers, restrooms that will provide ample space for special needs (special needs residents had to be transported out of town for Hurricane Irma), citizenry, special needs emergency medical personnel & pets. The County, which is fiscally constrained & designated as a Rural Area of Opportunity, has a population that is 18.7% over 65 and 17.6% with disabilities; of those over 65, 47.5% have disabilities.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Executive Office of the Governor

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	8,400,000	8,400,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0%

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 8,400,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	A	B	C
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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

No

11. Program Performance:

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

To protect life, health and safety of citizenry, & provide safe, secure shelter for evacuees, including individuals with special needs and pets. Eliminate the need to transport special needs residents out of town during storm events--44 special needs residents were transported to a Category 5 Shelter in Ft. Pierce during Hurricane Wilma. The facility will also be a pet-friendly shelter as many residents in mobile homes required to evacuate would not leave their pets and stayed in their homes. The facility will also serve to host revenue producing events when the facility is not being used as an emergency shelter. Other goals include increased revenues, employment maintained by the project, and new jobs created.

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

Procurement of contractual services from architect/engineer for design and construction.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Contractual Architectural/Engineering Design Construction Services	8,400,000
TOTAL		8,400,000

d. What are the direct services to be provided to citizens by the appropriations project?

Protection of life, health and safety. Providing a safe, hardened shelter for evacuees including individuals with special needs, medical personnel, elderly, and pets from catastrophic storm events.

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

Evacuees (includes local residents and coastal evacuees), special needs, etc., and revenue producing educational agricultural related programs/events -- Greater than 25,000 individuals.

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

Use of multiuse facility to be used as hurricane shelter to properly house and care for evacuees including individuals with special needs, pets, elderly and medical personnel needing to evacuate during catastrophic storm events and for income producing agricultural educational programs/events. To eliminate transporting special needs residents out of town during storm events and to have a shelter for residents needing to evacuate with pets.

g. 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?

Nonpayment of invoices.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Okeechobee County is requesting the funding and is the owner and the entity.

13. Requestor Contact Information:

a. Name: Terry Burroughs



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- b. **Organization:** Okeechobee Board of County Commission
- c. **Email:** tburroughs@co.okeechobee.fl.us
- d. **Phone Number:** (863)763-6441

14. Recipient Contact Information:

- a. **Organization:** Okeechobee Board of County Commission
- b. **County:** Okeechobee
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Terry Burroughs
- e. **E-mail Address:** tburroughs@co.okeechobee.fl.us
- f. **Phone Number:** (863)763-6441

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** James Spratt
- b. **Firm:** CAS Governmental Services, LLC
- c. **Email:** jim@magnoliastrategiesllc.com
- d. **Phone Number:** (850)228-1296