1. **Title of Project:** Replacement Diesel Fuel Tank - Good Wheels, Inc.

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/10/2017

4. **Project/Program Description:**
   Replacing a diesel fuel tank to utilize during emergencies.

5. **State Agency Contacted? Yes**
   
   a. If yes, which state agency? **Department of Transportation**
   
   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:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>219,867</td>
<td>219,867</td>
<td>219,867</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>0</strong></td>
<td><strong>0.0 %</strong></td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 219,867

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?
   
   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 |
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)

<table>
<thead>
<tr>
<th>Column:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

Replacing a diesel fuel tank to utilize during emergencies. We were able to respond and provide transportation throughout Hurricane Irma because we had our own source of fuel. These trips included emergency evacuations, and transport of out of state utility workers in Collier, Lee, Hendry and Glades Counties. Having diesel fuel at the transportation facility to fuel paratransit vehicles. Bulk Fuel costs less than at the service stations and reduces the cost of transporting the disadvantaged.

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

Removal of old tank and installation of new tank.

c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?
   
   Lower transportation costs.

e. Who is the target population served by this project? How many individuals are expected to be served?
   
   The disadvantaged in Southwest Florida.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   
   Lower fuel costs. Comparisons can be made between bulk purchase and fuel pump costs.

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?
   
   Withholding of funds.

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.
   
   Good Wheels, Inc., is a 501 (c)3 non profit organization.

13. Requestor Contact Information:
   a. Name: Alan Mandel
   b. Organization: Good Wheels Inc.
   c. Email: amandel@goodwheels.org
   d. Phone Number: (239)768-2900

14. Recipient Contact Information:
   a. Organization: Good Wheels Inc.
   b. County: Collier, Glades, Hendry, Lee
   c. Organization Type:
      ○ For Profit
      ○ Non Profit 501(c) (3)
      ○ Non Profit 501(c) (4)
      ○ Local Entity

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Brett Bacot
   b. Firm: Buchanon Ingersoll & Rooney
   c. Email: brett.bacot@bipc.com
   d. Phone Number: (850)681-4269

- University or College
- Other (Please specify)

d. Contact Name: Alan Mandel
e. E-mail Address: amandel@goodwheels.org
f. Phone Number: (239)768-2900