1. Title of Project: City of LaBelle Civic Center Emergency Generator

2. Senate Sponsor: Kathleen Passidomo

3. Date of Submission: 11/15/2017

4. Project/Program Description:
   This appropriation request is for an emergency generator for the LaBelle Civic Center. The facility was used as a Consolidated Shelter after Hurricane Irma. A permanent generator is needed to power the facility for emergencies.

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:

<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>65,000</td>
<td>65,000</td>
<td>65,000</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>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 65,000

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

The Civic Center will be powered when needed due to lack of commercial power and be greater utilized as a shelter after an event.

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

n/a

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>
<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>
</tbody>
</table>
Fixed Capital Construction/Major Renovation

<table>
<thead>
<tr>
<th>Construction/Renovation/Land/Planning Engineering</th>
<th>Generator and associated equipment to install</th>
<th>65,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td></td>
<td>65,000</td>
</tr>
</tbody>
</table>

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

   A shelter to stay with power after an emergency event.

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

   Western Hendry County and the City of LaBelle and surrounding area, 1,000 people.

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

   Power will be available to run the facility as a shelter after an emergency event.

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?**

   Cancel funding.

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.**

   City of LaBelle

13. **Requestor Contact Information:**

   a. **Name:** David Lyons
   
   b. **Organization:** City of LaBelle
   
   c. **Email:** davealyons@hotmail.com
   
   d. **Phone Number:** (863)228-0008

14. **Recipient Contact Information:**

   a. **Organization:** City of LaBelle
   
   b. **County:** Hendry
   
   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:** Ron Zimmerly
e. E-mail Address: rzimmerly@citylabelle.com
f. Phone Number: (863)675-2872

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Joe Spratt
   b. Firm: Spratt & Associates
   c. Email: josephrspratt@yahoo.com
   d. Phone Number: (863)517-0235