



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Palm Beach Gardens City Hall Expansion Emergency Facility

2. **Senate Sponsor:** Bobby Powell

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

The construction of a new hardened expansion for City Hall will create a facility for emergency preparedness and after event response that can handle increased wind speed capacities, to insure that the building structure survives storm or natural disaster events over the original building design.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
	750,000	750,000

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):** 750,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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

**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?**

Improve wind speed capabilities of facility

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

Expand City Hall to accommodate emergency preparedness and after event response by hardening the facility to insure structure worthiness after a storm or natural disaster event.

**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		
<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		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	expansion of facility	750,000
TOTAL		750,000

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

Possible prevention of future environmental hazards after events that harm the region

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

General population

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

Continuity of operations for local government response

**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?**

The standard penalties in place for noncompliance are sufficient.

**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 Palm Beach Gardens

**13. Requestor Contact Information:**

- a. **Name:** Ronald Ferris
- b. **Organization:** City of Palm Beach Gardens
- c. **Email:** rferris@pbgfl.com
- d. **Phone Number:** (561)799-4110

**14. Recipient Contact Information:**

- a. **Organization:** City of Palm Beach Gardens
- b. **County:** Palm Beach
- 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:** Ronald Ferris



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e. E-mail Address: [rferris@pbgfl.com](mailto:rferris@pbgfl.com)

f. Phone Number: [\(561\)799-4110](tel:(561)799-4110)

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

a. Name: [Mat Forrest](#)

b. Firm: [Ballard Partners](#)

c. Email: [mat@ballardfl.com](mailto:mat@ballardfl.com)

d. Phone Number: [\(561\)779-7003](tel:(561)779-7003)