



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Evacuation Center Facility Generator Transfer Switch Installations

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

Generator hook-ups would be added to four shelters without any emergency generation in Sarasota County. Nine other shelters with hook-ups would be retrofitted to provide power during emergencies.

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
1,500,000		1,500,000

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	430,000	22.3%
Other	0	0.0%
TOTAL	430,000	22.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,930,000

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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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (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?

Funding would provide the ability to generate power to operate air handling systems, refrigeration of food, kitchen equipment, life safety systems, limited lighting and power outlets in shelters through generator hook-ups at each facility. Specifically, generator hook-ups would be added to four shelters without any emergency generation. Nine other shelters with hook-ups would be retrofitted to provide ability to power systems as previously identified.

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

Evacuation center facilities will have emergency power.

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 checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contract for engineering and electrical services to install generator transfer switches at selected evacuation center	1,500,000



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	sites in Sarasota County.	
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 type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

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

Provision of a safe location to evacuees with emergency lighting and air ventilation during hurricane events.

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

Over 800 individuals.

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

Protect the general public from harm (environmental, criminal, etc.), and provide support for residents during disaster operations.

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?

Reimbursement request denied.

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.

N/A

13. Requestor Contact Information:

- a. Name: Rich Collins
- b. Organization: Sarasota County Government
- c. Email: rcollins@scgov.net
- d. Phone Number: (941)861-5578

14. Recipient Contact Information:

- a. Organization: Sarasota County Government



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b. County: Sarasota

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: Rich Collins

e. E-mail Address: rcollins@scgov.net

f. Phone Number: (941)861-5578

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

a. Name: Laura Boehmer

b. Firm: Southern Strategy Group

c. Email: boehmer@sostrategy.com

d. Phone Number: (727)686-0924