1. **Title of Project:** North Miami Beach – North Dade Regional Emergency Operations Center Upgrade and Expansion

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/14/2017

4. **Project/Program Description:**

   Upgrade of EOC to include window sealing, replacement of shutters where needed, replacement of HVAC chillers and air handlers, replacement of emergency power generator and expansion to include a communications/public affairs operation.

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
	610,000	610,000

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	610,000	50.0%
Other	0	0.0%
TOTAL	610,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,220,000

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.

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?**

To properly fund facility upgrades and expansion required to optimize its effectiveness in serving and protecting the city's residents and providing highly valuable updates; furthermore, it will improve the facilities level of protection from storm-related impact.

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

The EOC is where all Incident Command operations are conducted. Pre-storm, during-storm and post-storm monitoring, activities coordination, and response direction, including assistance to residents; additionally, important event updates (both internal and to the media) are continuously provided from the EOC.

c. **How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
☐Other Salary and Benefits		
☐Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Operational Costs		
☐Salary and Benefits		

☐ Expense/Equipment/Travel/Supplies/Other		
☐ Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☑ Construction/Renovation/Land/Planning Engineering	Upgrade of EOC to include window sealing, replacement of shutters where needed, replacement of HVAC chillers and air handlers, replacement of emergency power generator and expansion to include a communications/public affairs operation.	610,000
TOTAL		610,000

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

Prior to a storm event, the EOC helps to direct and coordinate preparation activities, including removal of debris that may become projectiles, boarding up community centers, sandbag distribution to residents, tree trimming and dissemination of important information. Post-storm activities include roadway clearing, flood mitigation, disposal of debris, tree trimming and removal, assessment of electric power loss, and providing water and other assistance to residents in need.

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

Five municipalities in the region, in addition to the City of North Miami Beach.

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

Number of roadway miles cleared--post storm. This enables residents to access needed supplies, including drinking water, food, and supplies to repair their property, if needed. Additionally, flood mitigation is directly correlated to the health and safety of residents. Documenting the roadway segments that are cleared after the storm, as well as the number of flood mitigation locations. Documenting the number of water distribution instances.

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 of funds allocated.

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 North Miami Beach

13. **Requestor Contact Information:**
    a. **Name:** Ana Garcia
    b. **Organization:** City of North Miami Beach
    c. **Email:** ana.garcia@citynmb.com
    d. **Phone Number:** (305)948-2900

14. **Recipient Contact Information:**
    a. **Organization:** City of North Miami Beach
    b. **County:** Miami-Dade
    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:** Ana Garcia
    e. **E-mail Address:** ana.garcia@citynmb.com
    f. **Phone Number:** (305)948-2900

15. **If there is a registered lobbyist, fill out the lobbyist information below.**
    a. **Name:** Ronald Book
    b. **Firm:** Ronald L. Book, P.A.
    c. **Email:** ron@rlbookpa.com
    d. **Phone Number:** (305)935-1866