1. **Title of Project:** Hurricane Hardening for First Responders

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 01/05/2018

4. **Project/Program Description:**
   Hurricane-harden 3 child care centers (one each in north, central and south Pinellas) and the agency’s administrative office for disaster services management, etc., to be available to provide child care for the children of First Responders during a disaster/hurricane, etc.

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:**

<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>534,760</td>
<td>534,760</td>
<td>534,760</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):** 534,760

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

### Input Prior FY Appropriation for this project for FY 2017-18

(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>
</tbody>
</table>

**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 provide 12 hours per day, 7 days per week of high quality child care for the children of First Responders when they are responding to a disaster and are in need of child care.

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

   The funding will provide diesel generators and connection to buildings, and hurricane hardening of facilities to assure child care for First Responders. All facilities are located in non flood, non evacuation areas of Pinellas County.

   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?

12 hours per day, 7 days per week of licensed high quality child care for the children of First Responders in need of care for their children while responding to disasters.

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

200 - 400 preschool and elementary school age children, 18 months to 9 years of age.

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

High quality safe child care and supervision during parental absence as a First Responder to disaster needs. Outcome to be measured by the Pinellas Child Care Licensing Board inspections and parent satisfaction surveys.

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?

Reversion 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.

R’Club Child Care, Inc.

13. Requestor Contact Information:
   a. Name: Arthur O’Hara
   b. Organization: R’Club Child Care, Inc.
   c. Email: aohara@rclub.net
   d. Phone Number: (727)578-5437

14. Recipient Contact Information:
   a. Organization: R’Club Child Care, Inc.
b. County: Pinellas

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: Arthur O’Hara
e. E-mail Address: aohara@rclub.net
f. Phone Number: (727)578-5437

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: (813)563-4100