1. **Title of Project:** Second Electrical Circuit into the New City Hall Building

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/10/2018

4. **Project/Program Description:**
   Installing a second electrical feed into City Hall so that the City’s EOC would remain in service electrically following a severe storm or a hurricane, as there would be a back up circuit. This would ensure that City personnel have a secure location to work from to lay out the necessary disaster recovery plans for the City.

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>40,000</td>
<td>460,000</td>
<td>500,000</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):** 500,000

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

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Input Prior FY Appropriation for this project</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</td>
<td></td>
</tr>
<tr>
<td>Column:</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</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?**

In order to prevent any disruption in electrical power to the City Hall building or to the Emergency Operations Center (EOC) located in that building, a second back-up electrical infrastructure circuit will be installed. The back-up will automatically switch on should the main electrical feed experience a problem which causes a power loss. This will provide more stability during emergency events, and for day to day municipal operations also.

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

Ensuring the City's Emergency Operations Center remains in service electrically at all times

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>Salaries will be used for the Project Manager to oversee and coordinate all aspects of the work.</td>
<td>40,000</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>
</tbody>
</table>
Local Funding Initiative Request - Fiscal Year 2018-2019

The Florida Senate

Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study
Fixed Capital Construction/Major Renovation

☑ Construction/Renovation/Land/Planning Engineering 460,000

TOTAL 500,000

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

The City’s EOC would remain in service electrically following a severe storm or a hurricane, as there would be a backup circuit. This would ensure that City personnel have a secure location to work from to lay out the necessary disaster recovery plans for the City.

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

Maintaining the EOC in service electrically following a major disaster or event will benefit all of the citizens of the City of Homestead, over 70,000 individuals.

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

A back up underground circuit will allow City officials and staff to operate from a fully functional EOC facility at all times. The needs of the City will be better served as elected officials and staff will have a fully functional location from which to work in laying out the necessary disaster recovery plans for the City. Outcome would be measured by the number of hours or days for power to be restored to the area following a major weather 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?**

Work would be performed by the City of Homestead.

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.**

The City of Homestead, FL - owner and recipient

13. **Requestor Contact Information:**

a. **Name:** Barbara Quinones
b. **Organization:** City of Homestead
c. **Email:** bquinones@cityofhomestead.com
d. **Phone Number:** (305)224-4704
14. **Recipient Contact Information:**
   a. **Organization:** City of Homestead
   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) Local Government
   d. **Contact Name:** Barbara Quinones
   e. **E-mail Address:** bquinones@cityofhomestead.com
   f. **Phone Number:** (305)224-4704

15. **If there is a registered lobbyist, fill out the lobbyist information below.**
   a. **Name:** Jose DiazFuentesBernudez
   b. **Firm:** Robert M. Levy and Associates; Becker & Poliakoff
   c. **Email:** jdiaz@aol.com, jfuentes@bplegal.com, jbermudez@bplegal.com
   d. **Phone Number:** (850)294-7583