1. **Title of Project:** Key Colony Beach City Hall
2. **Senate Sponsor:** Anitere Flores
3. **Date of Submission:** 01/17/2018
4. **Project/Program Description:**
   Replacement of primary local government facility (City Hall) due to substantial damage as a result of Hurricane Irma. City hall has been determined not appropriate for ongoing long-term operations as the result of storm surge, flooding, and scouring of the foundation of a building built in early 1960, and currently sits 3 feet below base flood elevation. A new facility is necessary to perform ongoing governmental functions.
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>3,000,000</td>
<td>3,000,000</td>
<td>6,000,000</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>1,000,000</td>
<td>11.1%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>3,000,000</td>
<td>33.3%</td>
</tr>
<tr>
<td>Local</td>
<td>1,000,000</td>
<td>11.1%</td>
</tr>
<tr>
<td>Other</td>
<td>1,000,000</td>
<td>11.1%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,000,000</td>
<td>66.6%</td>
</tr>
</tbody>
</table>
8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 9,000,000
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.

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

Replacement of a key government facility.

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

Public Safety (Police), Administration, Building and Codes, Finance, Town Hall, Planning and Zoning, etc.

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>Executive Director/Project Head Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Operational Costs</td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?

   Public Safely (Police), Administration, Building and Codes, Finance, Town Hall, Planning and Zoning, etc.

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

   Out of season 800 full time residents. In season, 3,500 - 4,000 full-time and part-time vacationing residents.

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

   Replacement of a key government facility.

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?

   Withholding 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.

   The City of Key Colony Beach

13. Requestor Contact Information:
   a. Name: Chris Moonis
   b. Organization: City of Key Colony Beach, Florida
   c. Email: cmoonis@keycolonybeach.net
   d. Phone Number: (305)289-1212

14. Recipient Contact Information:
   a. Organization: City of Key Colony Beach, Florida
   b. County: Monroe
   c. Organization Type:
      ○ For Profit
      ○ Non Profit 501(c) (3)
      ○ Non Profit 501(c) (4)
      ○ Local Entity
      ○ University or College
d. Contact Name: Chris Moonis
e. E-mail Address: cmoonis@keycolonybeach.net
f. Phone Number: (305)289-1212

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Jerry Paul
   b. Firm: Capitol Energy
   c. Email: jpaul@capitolenergy.net
   d. Phone Number: (850)386-5267