



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2410

**1. Title of Project:** Emergency Shelter and Preparedness

**2. Senate Sponsor:** Darryl Rouson

**3. Date of Submission:** 02/22/2019

**4. Project/Program Description:**

The equipment will support the provision of life safety for the operation of a special needs shelter should the power go out or be interrupted.

**5. State Agency to receive requested funds :** Executive Office of the Governor

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	885,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>885,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	885,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>885,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

**9. Is future-year funding likely to be requested?** No

**10. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2410

Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	The funds will be used to acquire generators and chillers.	885,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning		
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>885,000</b>

**11. Program Performance:**

**a. What is the specific purpose or goal that will be achieved by the funds requested?**

The equipment will support the provision of lifesafety for the operation of a special needs shelter should the power go out or interrupted.

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

The generator and chiller will provide support of the air conditioning, lights, and medical equipment for those with special needs.

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

The generator and chiller will support the medical needs of those with special needs at the shelter.

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

3,000 special needs residents.

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

It will provide lifesafety for those requiring special needs accommodations. Hillsborough County has 3,000 people registered to use special needs shelters. Those registered will reflect the level of benefit.

**f. 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?**

Hillsborough County has standard safeguards in place, however, if there are unforeseen circumstances we will negotiate with the agency

**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:** Dennis Jones

**b. Organization:** Hillsborough County Fire Chief



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2410

c. **E-mail Address:** jonesdw@HCFLGov.net

d. **Phone Number:** (813)744-5541

#### 14. Recipient Contact Information:

a. **Organization:** Hillsborough County Fire Chief

b. **County:** Hillsborough

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:** Dennis Jones

e. **E-mail Address:** jonesdw@HCFLGov.net

f. **Phone Number:** (813)744-5541

#### 15. Lobbyist Contact Information

a. **Name:** Jim Taylor

b. **Firm Name:** Hillsborough County Board of County Commissioners

c. **E-mail Address:** taylorj@HCFLGov.net

d. **Phone Number:** (813)417-0310