

# **The Florida Senate** Local Funding Initiative Request Fiscal Year 2019-2020

LFIR#: 2546

- 1. Title of Project: Hurricane Michael Leon County Backup Generators
- 2. Senate Sponsor: Bill Montford
- **3.** Date of Submission: 03/06/2019
- 4. Project/Program Description:

This project requests funding support to install backup generators at eight Leon County facilities (branch libraries and community centers) to ensure that they are can be utilized to support disaster response and recovery operations.

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

State Agency Contacted? Yes

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

Type of Funding	Amount	
Operations		
Fixed Capital Outlay	1,000,000	
Total State Funds Requested	1,000,000	

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)	1,000,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020		100.0%

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

<b>Fiscal Year</b>	Amount		Specific	
(уууу-уу)	Recurring	NonRecurring	Appropriation #	Vetoed

#### 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
Administrative Costs:		
Executive Director/Project Head Salary and		
Benefits		
Other Salary and Benefits		



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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	Purchase and installation of 8 backup generators.	1,000,000		
Engineering				
Total State Funds Requested (must equal total from question #6)1				

### **11.** Program Performance:

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

This project seeks to ensure that these Leon County facilities are operable and/or can be utilized in the event of severe winds, flooding, and/or loss of main electrical power. This project will ensure that these facilities, which are located in all areas of the community including urbanized areas as well as outlying rural areas, can be used as comfort stations, points of distribution for water and supplies, logistical staging areas, or for other uses as described in the county's Comprehensive Emergency Management Plan.

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

This project will ensure that these facilities, which are located in all areas of the community including urbanized areas as well as outlying rural areas, can be used as comfort stations, points of distribution for water and supplies, logistical staging areas, or for other uses as described in the county's Comprehensive Emergency Management Plan.

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

Following future disasters, this project will allow the county to utilize these facilities to allow citizens without electrical service to cool off, charge mobile devices, and receive assistance during the recovery.

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

This project will benefit all residents and potential evacuees to Leon County.

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

Number of citizens and evacuees served at/from these facilities following a disaster.

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?

Deobligation 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.

Leon County.



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## **13.** Requestor Contact Information:

- a. Name: Andrew Johnson
- **b. Organization:** Leon County Government
- c. E-mail Address: JohnsonAn@leoncountyfl.gov
- d. Phone Number: (850)606-5383

## 14. Recipient Contact Information:

- a. Organization: Leon County Government
- b. County: Leon

## c. Organization Type:

- O For Profit
- O Non Profit 501(c) (3)
- O Non Profit 501(c) (4)
- ⊙ Local Entity
- O University or College
- O Other (Please specify)
- d. Contact Name: Andrew Johnson
- e. E-mail Address: JohnsonAn@leoncountyfl.gov
- f. Phone Number: (850)606-5383

## 15. Lobbyist Contact Information

- a. Name: Jeffrey Sharkey
- b. Firm Name: Capitol Alliance Group
- c. E-mail Address: jeffreyshark@gmail.com
- d. Phone Number: (850)224-1660