



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2651

1. **Title of Project:** Wakulla County - Back-up Generators Public Facilities

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/14/2019

4. **Project/Program Description:**

Wakulla County is in need of back-up generators for critical public facilities (public works, library, extension office, community center, etc.) that are utilized for pre and post disaster activities to support disaster response and recovery operations.

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	
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

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)	500,000	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	500,000	100.0%

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
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	Procurement and installation of generators as well as any training on proper use of the generators.	500,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		500,000

11. Program Performance:

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

The purpose/goal is provide funds for Wakulla County to procure and install back-up generators for critical public facilities that are used for power outages, specifically disaster response and recovery.

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

Critical public facilities would continue to operate during power-outages to maintain a continuum of essential services, supplies, and information to citizens, visitors, and evacuees .

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

Same as above.

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

The targeted population is all citizens, visitors, and evacuees in the county.

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

The benefit will be the continuum of county operations and services to all citizens, visitors, and evacuees. The number of citizens and evacuees served at/from critical county facilities during power outage response or recovery will be used as the outcome measure. Another measure will be the reduction of lost workdays.

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?

Standard contract penalties are sufficient.

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: Sheree Keeler



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- b. Organization:** Wakulla County Board of County Commissioners
- c. E-mail Address:** skeeler@mywakulla.com
- d. Phone Number:** (850)926-0917 Ext. 705

14. Recipient Contact Information:

- a. Organization:** Wakulla County Board of County Commissionenrs
- b. County:** Wakulla
- 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:** Sheree Keeler
- e. E-mail Address:** skeeler@mywakulla.com
- f. Phone Number:** (850)926-0919

15. Lobbyist Contact Information

- a. Name:** None
- b. Firm Name:** None
- c. E-mail Address:**
- d. Phone Number:**