



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1543

1. **Project Title** Public Safety Facility Hardening - Hendry2. **Senate Sponsor** Kathleen Passidomo3. **Date of Request** 11/05/20194. **Project/Program Description**

Public safety facilities owned and maintained by the Board of County Commissioners and School Board have been in need of critical repairs for many years. Over the years, multiple hurricanes, including Hurricane Irma in 2017, have inflicted damage on the already stressed structures. In September 2017, first-responders were unable to stage in their current stations because many of the public safety facilities are not wind rated for hurricanes. This resulted in limited response time. Hardening of existing facilities or construction of new facilities is needed in order to respond effectively.

5. **State Agency to receive requested funds** Executive Office of the GovernorState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

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

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1000000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	1,000,000	100 %

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

If yes, provide the most recent instance:

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

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

If yes, indicate nonrecurring amount per year.



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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		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Hardening	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000



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11. Program Performance

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

Protect and mitigate public safety facilities from damage during disaster. Hendry County facilities were damaged during previous storms and without hardening these facilities, it could put public safety at risk.

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

Public safety services

- c. What direct services will be provided to citizens by the appropriation project?

Rescue and emergency services

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

Hendry County residents. Approximately 41,000 individuals.

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

Final outcome of building will adhere to additional wind loads creating a safe and secure environment for public safety personnel during a storm as well as housing equipment without damage that will need to be utilized for rescue services.

- 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?

None



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Hendry County Board of County Commissioners

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.