



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1983

1. **Project Title** Hurricane Michael Debris Operations - Calhoun

2. **Senate Sponsor** Bill Montford

3. **Date of Request** 12/02/2019

4. **Project/Program Description**

Since FDOT ceased debris removal operations from Hurricane Michael, the Calhoun County Road Department has removed an estimated 15,000 cubic yards of debris. There is still an estimated 100,000 cubic yards remaining that present safety concerns for the county. As a rural, fiscally constrained county, Calhoun County does not have the manpower or equipment necessary to remove remaining debris. The county proposes the hire of four temporary employees for two years and the rental of two 53 CY dump trucks for two years.

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

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	592,000
Fixed Capital Outlay	000
Total State Funds Requested	592,000

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)	592000	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	592,000	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		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Operational Costs: Other		
Salary and Benefits	Debris removal operations	352,000
Expense/Equipment/Travel/Supplies/Other	Equipment	240,000
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input style="width: 90%;" type="text"/>
Total State Funds Requested (must equal total from question #6)		592,000



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11. Program Performance

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

The removal of harmful debris from Hurricane Michael for safety of residents.

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

Debris removal operations.

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

Debris clean up throughout the county.

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

The entire county population - approx. 15,000 individuals.

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

Safety of citizens. Tracking of debris related accidents.

- 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?

Repayment of funds.



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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.

N/A

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.