

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2000

8.	Local Other Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding lift a. If yes, indicate n	Amo Recurring kely to be requested	state funding? ount Nonrecurring ed? int per year.	9,000,000 No Specific Appropriation # No lieu of state funding.	0% 0% 100%			
8.	Local Other Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding li	s for Fiscal Year 20 eviously received Amo Recurring kely to be requeste	ount Nonrecurring	9,000,000 No Specific Appropriation #	0% 0% 100%			
8.	Local Other Total Project Costs Has this project professed Year (уууу-уу)	s for Fiscal Year 20 eviously received Amo Recurring	023-2024 state funding? ount Nonrecurring	9,000,000 No Specific Appropriation #	0% 0% 100%			
	Local Other Total Project Costs Has this project pr	s for Fiscal Year 20 eviously received Amo	023-2024 state funding?	9,000,000 No Specific	0% 0% 100%			
	Local Other Total Project Costs Has this project pr	s for Fiscal Year 20 eviously received Amo	023-2024 state funding?	9,000,000 No Specific	0% 0% 100%			
	Local Other Total Project Costs Has this project pr	s for Fiscal Year 20	023-2024 state funding?	9,000,000 No Specific	0% 0% 100%			
	Local Other Total Project Costs	s for Fiscal Year 20	023-2024	9,000,000	0% 0%			
	Local Other			0	0% 0%			
	Local Other			0	0% 0%			
	Local	amount of this requ	uest)	0	0%			
	State (excluding the	amount of this requ	uest)	0	0 76			
	l .				0%			
	Federal			0	0%			
	Matching Funds	, , , , , , ,	,					
Total State Funds Requested (from question #6)			9,000,000	100%				
7.	Total Project Cost f	or Fiscal Year 202	3-2024 (including	g matching funds avai	lable for this proje	ct)		
	Total State Funds	Requested			9,000,000			
	Fixed Capital Outlay				9,000,000			
	Operations				0			
	Type of Funding			Amou	unt			
	State Agency conta Amount of the Non	acted? Yes						
5.	State Agency to re	ceive requested fu	inds Depart	ment of Law Enforceme	nt			
	Department and the a new elevated Poli	IT Department . Th ce Department build critical to Sanibel's	nese first floor office ding that is standa response and rec	or offices for the Police I ces cannot be reused fo alone from City Hall. This covery following any nat ress.	r the same purpose s will provide a resili	. The City plans to build ent structure for first		
4.	Project/Program Description							
3.	Date of Request	02/21/2023						
	Senate Sponsor	Jonathan Martin						
2.				City of Sanibel Police Department Building Construction				
	Project Title	City of Sanibel F	Police Department	Building Construction				



11. Status of Construction

Planning

a. What is the current phase of the project?

Opening the state of the sta

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0

0

0

0

0

9,000,000

9,000,000

If yes, indicate the amount of funds received and what the funds were used for.

CARES Act funding - \$440,081. Funds were used for COVID testing for City employees, purchase of personal protective equipment, work space protective barriers, legal services and payroll related to managing the pandemic.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

b. Is the project "shovel ready" (i.e permitted)?	No		
c. What is the estimated start da	te of construction?	2024		
d. What is the estimated comple	tion date of construction?	2024-25		
12. List the owners of the facility to relationship between the owner			oital outlay funding. Inc	lude the
The City of Sanibel will own the	constructed building.			
13. Details on how the requested st	ate funds will be expended			
Spending Category		Description		Amount
Administrative Costs:				
Executive Director/Project Head Salary and Benefits				
Other Salary and Benefits				

14. Program Performance

Planning Engineering

Expense/Equipment/Travel/Supplies/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Consultants/Contracted

Consultants/Contracted

Operational Costs: Other

Construction/Renovation/Land/

Services/Study

Services/Study

Salary and Benefits

Other

Other

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

Total State Funds Requested (must equal total from question #6)

Police Department operations and dispatch will be housed in the building. The Police Department distributed Hurricane Reentry Passes to residents of Sanibel/Captiva, nonprofits, businesses and contractors from their offices.

Construct a new and resilient Police Department Building.

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



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Construction of a	Construction of a resilient Police Department building. c. What direct services will be provided to citizens by the appropriation project?						
c. What direct se							
All Police Departr	All Police Department services will be housed in this building.						
d. Who is the targ	d. Who is the target population served by this project? How many individuals are expected to be served?						
The General Pub	lic will be served by the pro	ject. 25,000-3	30,000 people will be	served by this pro	oject annually.		
e. What is the exp be measured?	pected benefit or outcome	of this proj	ect? What is the me	thodology by wh	nich this outcome will		
Police Departmer community at the	Police Department services will be moved to the new building. There will be continuity of operations provided to the community at the Police Department building following a natural disaster.						
f. What are the su	uggested penalties that th	e contractin	g agency may consi	ider in addition t	o its standard penalties		
for failing to mee	t deliverables or performa	ınce measur	es provided for the	contract?			
Ineligible for futur	re building construction fund	ling for a 3-ye	ear period.				
15. Requester Contac	et Information						
a. First Name	Dana	Last Name	Souza				
b. Organization	City of Sanibel						
c. E-mail Address	dana.souza@mysanibel.c	om					
d. Phone Number	(239)472-3700	Ext.					
16. Recipient Contact	Information						
a. Organization	City of Sanibel						
b. Municipality an	d County Lee						
c. Organization Ty	/ pe						
□For Profit Entity	1						
□Non Profit 501(c)(3)						
□Non Profit 501(c)(4)						
☑Local Entity							
□University or Co	ollege						
□Other (please s	specify)						
d. First Name	William	Last Name	Dalton				
e. E-mail Address	william.dalton@mysanibel.com						
f. Phone Number	(239)472-3111						
17. Lobbyist Contact	Information						
a. Name	Angela P. Dempsey						



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b. Firm Name	PooleMcKinley
c. E-mail Address	angela@poolemckinley.com
d. Phone Number	(850)681-1980