



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Disaster/Hurricane Planning and Recovery

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 11/13/2017

4. **Project/Program Description:**

Preparing and maintaining resilient disaster ready communities. We will broker direct services to the disenfranchised members of the community.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Executive Office of the Governor

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
500,000		500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

The purpose is to prepare and maintain resilient disaster hurricane ready communities. We will broker direct services to the disenfranchised members of the community.

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

Seniors will have a hurricane disaster plan in place for both residence and/or apartments.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	The executive director is responsible for the day to day management of the organization and programs implemented	75,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Salaries for other key personnel in the operations and implementation of programs (finance director, administrative assistant, site trainees)	260,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office equipment and supplies	75,000



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<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Provide professional or expert advice and training	90,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Training apartment building staff, residents, and others on disaster hurricane planning on a quarterly basis. Emphasis on maintaining proper equipment in apartments particularly generators and elevators, assist seniors by providing fresh water and hot meals should electric power cease, and providing transportation

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

General population.

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

The expected benefit is to lessen the number of individuals, i.e. seniors, being displaced or without the necessary items such as fresh water, hot meals, and power.

**g. 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?**

The standard penalties in place for noncompliance 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:**

- Name:** Hattie Willis
- Organization:** Communities United, Inc.
- Email:** Communitiesunited608@gmail.com
- Phone Number:** (305)754-3993



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**14. Recipient Contact Information:**

**a. Organization:** Communities United, Inc.

**b. County:** Miami-Dade

**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:** Hattie Willis

**e. E-mail Address:** Communitiesunited608@gmail.com

**f. Phone Number:** (305)754-3993

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**