



# The Florida Senate

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

1. **Title of Project:** Evacuation Center Facility Structural Analysis and Opportunities for Hardening

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

Discovery of existing facilities within Sarasota County appropriate for use as evacuation centers, and the subsequent hardening/retrofit of those facilities to provide additional space for hurricane evacuees, specifically in the South County/Venice area.

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 |
|---------------------------------|---|---------------------------------------|
| 1,500,000                       |   | 1,500,000                             |

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  | 430,000 | 22.3%   |
| Other  | 0       | 0.0%    |
| TOTAL  | 430,000 | 22.3 %  |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,930,000

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

### 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?

Discovery of existing facilities within Sarasota County appropriate for use as evacuation centers, and the subsequent hardening/retrofit of those facilities to provide additional space for hurricane evacuees, specifically in the South County/Venice area.

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

Establish additional evacuation center facilities.

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

| Spending Category  | Description  | Amount    |
|--|--|-----------|
| Administrative Costs   |  |           |
| <input type="checkbox"/> Executive Director/Project Head Salary and Benefits |  |           |
| <input type="checkbox"/> Other Salary and Benefits                           |  |           |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other             |  |           |
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study    | Contract for services to provide architectural and engineering services to study identified possible facilities for appropriateness of use as evacuation centers, and provide an analysis of options | 1,500,000 |



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|  |  |           |
|--|--|-----------|
|  | and cost-effectiveness for hardening/retrofit work.<br>Provide plans for hardening/retrofit where opportunities exist. |           |
| 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  |  | 1,500,000 |

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

Provision of a safe location to shelter during extreme weather events.

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

Over 800 individuals.

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

Protect the general public from harm(environmental, criminal, etc.) and provide a decrease in the shelter deficit for Sarasota County residents as defined by the Division of Emergency Management.

**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?**

Reimbursement request denied.

**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:** Rich Collins

**b. Organization:** Sarasota County Government



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

- c. Email: rcollins@scgov.net
- d. Phone Number: (941)861-5578

### **14. Recipient Contact Information:**

- a. Organization: Sarasota County Government
- b. County: Sarasota
- 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: Rich Collins
- e. E-mail Address: rcollins@scgov.net
- f. Phone Number: (941)861-5578

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

- a. Name: Laura Boehmer
- b. Firm: Southern Strategy Group
- c. Email: boehmer@sostrategy.com
- d. Phone Number: (727)686-0924