



# The Florida Senate

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

1. **Title of Project:** City of Coral Springs Westside Maintenance Compound Hardening Project

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 12/13/2017

4. **Project/Program Description:**

The Coral Springs Westside Maintenance Compound Hardening project will harden the main building to prevent damage from occurring due to high winds during major storms. The compound houses the Streets, Fleet and Central Stores staff during the event of a hurricane event. Tools and equipment to support the repair of the City reside within this facility. The compound does not meet current building codes. If the destruction and collapse of the Westside Complex were to occur, Streets would lose its ability to clear road ways, providing passage for emergency vehicles, fire, police, and utilities. Fleet would be unable to repair damaged and broken down service vehicles such as fire trucks, EMT's, police, utilities, streets, heavy equipment, and other fleet vehicles.

Central Stores would not be able to provide supplies to all the above mentioned service departments, which are to include a vast array of surplus: first aid, PPE, gasoline, tools, ammunition, water, food, etc.

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
	2,325,000	2,325,000

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	2,325,000	50.0%
Other	0	0.0%
TOTAL	2,325,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,650,000



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### 9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		750,000	750,000

### 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 Westside Compound serves as the support facility for Streets, Central Stores and Garage operation. All three units have an important role in the response and recovery following a hurricane disaster. Past standard operating procedures have called for employees to stay overnight in the event that passage to the facility, post storm, becomes inaccessible. In the event of a collapsed building, the after math would be devastating to all employees housed in the building during that time. The expected benefit is to provide a safe and secure structure that will house staff, vital equipment and supplies needed during times of emergency.

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

Hardening the main building to prevent damage from occurring due to high winds during major storms will ensure that equipment and staff are safe and secure.

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

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
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 checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction of the building	2,325,000
TOTAL		2,325,000

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

The citizens will benefit from the City's ability to clear roadways to provide for passage for emergency vehicles in the event of a hurricane or major storm.

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

The 123,000 residents of Coral Springs and the region of 1.8 million residents will benefit as the fire and police departments have mutual aid agreements to provide assistance to neighboring cities in times of crisis and emergency.

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

This project will provide a hardened building that is a safe structure to house essential equipment and supplies.

**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.**

City of Coral Springs

**13. Requestor Contact Information:**

**a. Name:** Susan Grant



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- b. **Organization:** City of Coral Springs
- c. **Email:** sgrant@coralsprings.org
- d. **Phone Number:** (954)344-1144

### 14. Recipient Contact Information:

- a. **Organization:** City of Coral Springs
- b. **County:** Broward
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify) Municipality
- d. **Contact Name:** Michael Goodrum
- e. **E-mail Address:** mgoodrum@coralsprings.org
- f. **Phone Number:** (954)344-1006

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

- a. **Name:** Candice Ericks
- b. **Firm:** Ericks Consultants
- c. **Email:** candice@ericksconsultants.com
- d. **Phone Number:** (954)648-1204