



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Gadsden Special Needs Shelter Project at Gadsden Hospital

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/08/2017

4. **Project/Program Description:**

This project aims to renovate approximately 4,100 square feet of an existing hospital into a Special Needs Shelter. The renovations will maintain the existing center corridor, adding handicap accessible restroom facilities with showers, storage and a new exit discharge. This project will provide adequate accommodations for all of our registered special needs residents during shelter operations.

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
90,900	505,000	595,900

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	100,000	14.4%
Other	0	0.0%
TOTAL	100,000	14.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 695,900

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:			

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

Yes

- a. If yes, indicate non-recurring amount per year.

\$450,000

11. Program Performance:

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

This project aims to renovate approximately 4,100 square feet of an existing hospital into a Special Needs Shelter. The renovations will maintain the existing center corridor, adding handicap accessible restroom facilities with showers, storage and a new exit discharge. This project will provide adequate accommodations for all of our registered special needs residents during shelter operations.

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

Provide a safe emergency shelter for residents with special needs during evacuations or catastrophic events. This project will enable the County to have better control over the readiness, safety and environment while caring for these residents.

- 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		



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<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 checked="" type="checkbox"/> Consultants/Contracted Services/Study	Consultants/Contracted Services/Study	90,900
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction/Renovation/Land /Planning Engineering	505,000
TOTAL		595,900

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

Special needs residents require certain necessities that are not provided by a standard evacuation shelter. Consistent control of the indoor climate, consistent electricity, special cots and medical assistance will be provided. This project, under the Board of County Commissioners, will provide a dependable location under the County that will ensure its preparedness to handle our special needs residents. According to our engineering firm Southard Engineering, Inc., who submitted a signed and stamped structural evaluation, the building is suitable to be retrofitted as a hurricane shelter.

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

Special Needs Patients (100-200).

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

Special needs residents require specific accommodations when relocating from their own environment. These accommodations are critical to their survival. They require provisions for medical equipment and medically needy services, such as electricity, climate control, food and special beds.

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?

Withholding of funds.

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.

Gadsden County



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13. Requestor Contact Information:

- a. **Name:** Ulysses Jenkins
- b. **Organization:** Gadsden County BoCC
- c. **Email:** ujenkins@gadsdencountyfl.gov
- d. **Phone Number:** (850)875-8650

14. Recipient Contact Information:

- a. **Organization:** Gadsden County BoCC
- b. **County:** Gadsden
- 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:** Ulysses Jenkins
- e. **E-mail Address:** ujenkins@gadsdencountyfl.gov
- f. **Phone Number:** (850)875-8650

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

- a. **Name:** Chris Doolin
- b. **Firm:** Christian B. Doolin & Associates
- c. **Email:** cdoolin@nettally.com
- d. **Phone Number:** (850)508-5492