



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Regional Special Needs and Emergency Center

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 01/09/2018

4. **Project/Program Description:**

The Regional Special Needs and Emergency Center will serve the citizens of northern Hillsborough County as well as neighboring counties during disaster events. The funds being requested will be used to upgrade and harden the facility to meet special needs shelter standards. As demonstrated by Hurricane Irma, there is pressing need for Special Needs Shelters to accommodate frail/at-risk evacuees from the local and adjacent communities.

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
	3,000,000	3,000,000

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	3,500,000	41.1%
Other	2,020,000	23.7%
TOTAL	5,520,000	64.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 8,520,000

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?

No

11. Program Performance:

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

The funds requested will be used to upgrade the design, engineering and construction of the Regional Special Needs Emergency Center to special needs shelter standards such as structural, mechanical and electrical upgrades, and emergency power. The building will be designed to meet Category 4 hurricane wind speeds.

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

The facility will serve as a Special Needs Shelter for evacuees within, and outside Hillsborough County during emergency events.

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 type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<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	Professional Services and construction to upgrade facility to special needs shelter standards.	3,000,000
TOTAL		3,000,000

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

The facility will serve as a special needs shelter for at-risk elderly and frail evacuees during emergency events. During disasters, the facility will provide food, shelter and care for the target population.

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

Target population is the at-risk elderly and frail population. The facility will accommodate up to 100 individuals and care-givers.

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

During Hurricane Irma, there was a shortage of special needs shelter capacity. This facility will add capacity for special needs shelter requirements. Hillsborough County Emergency Management Services in conjunction with the Health Department will maintain statistics on needs and uses.

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?

Additional liquidated damages could be considered.

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.

Hillsborough County will be recipient of the grant as well as owner of facility.

13. Requestor Contact Information:

- a. **Name:** Joshua Bellotti
- b. **Organization:** Hillsborough County
- c. **Email:** bellottij@hillsboroughcounty.org
- d. **Phone Number:** (813)276-2530



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14. Recipient Contact Information:

a. **Organization:** Hillsborough County

b. **County:** Hillsborough

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:** Craig Clements

e. **E-mail Address:** clementsc@hillsboroughcounty.org

f. **Phone Number:** (813)307-1032

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

a. **Name:** Jim Taylor

b. **Firm:** Hillsborough County

c. **Email:** taylorj@hillsboroughcounty.org

d. **Phone Number:** (813)276-2640