



# The Florida Senate

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

1. **Title of Project:** Key Colony Beach City Hall

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

Replacement of primary local government facility (City Hall) due to substantial damage as a result of Hurricane Irma. City hall has been determined not appropriate for ongoing long-term operations as the result of storm surge, flooding, and scouring of the foundation of a building built in early 1960, and currently sits 3 feet below base flood elevation. A new facility is necessary to perform ongoing governmental functions.

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	1,000,000	11.1%
State (excluding the amount of this request)	3,000,000	33.3%
Local	1,000,000	11.1%
Other	1,000,000	11.1%
TOTAL	6,000,000	66.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 9,000,000

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?



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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?

Replacement of a key government facility.

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

Public Safety (Police), Administration, Building and Codes, Finance, Town Hall, Planning and Zoning, etc.

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		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	City Hall construction	3,000,000
TOTAL		3,000,000

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

Public Safety (Police), Administration, Building and Codes, Finance, Town Hall, Planning and Zoning, etc.

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

Out of season 800 full time residents. In season, 3,500 - 4,000 full-time and part-time vacationing residents.

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

Replacement of a key government facility.

**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.**

The City of Key Colony Beach

**13. Requestor Contact Information:**

- a. **Name:** Chris Moonis
- b. **Organization:** City of Key Colony Beach, Florida
- c. **Email:** cmoonis@keycolonybeach.net
- d. **Phone Number:** (305)289-1212

**14. Recipient Contact Information:**

- a. **Organization:** City of Key Colony Beach, Florida
- b. **County:** Monroe
- c. **Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College



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☐ Other (Please specify)

**d. Contact Name:** Chris Moonis

**e. E-mail Address:** cmoonis@keycolonybeach.net

**f. Phone Number:** (305)289-1212

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

**a. Name:** Jerry Paul

**b. Firm:** Capitol Energy

**c. Email:** jpaul@capitolenergy.net

**d. Phone Number:** (850)386-5267