1. **Title of Project**: Emergency Shelter and Preparedness

2. **Senate Sponsor**: Darryl Rouson

3. **Date of Submission**: 02/22/2019

4. **Project/Program Description**:
   
   The equipment will support the provision of life safety for the operation of a special needs shelter should the power go out or be interrupted.

5. **State Agency to receive requested funds**: Executive Office of the Governor

   State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>885,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>885,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>885,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>885,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

    | Spending Category Administrative Costs: | Description | Amount |
    |-----------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits |             |        |
    | Other Salary and Benefits               |             |        |
    | Expense/Equipment/Travel/Supplies/Other  |             |        |
11. Program Performance:

a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   
   The equipment will support the provision of lifesafety for the operation of a special needs shelter should the power go out or interrupted.

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
   
   The generator and chiller will provide support of the air conditioning, lights, and medical equipment for those with special needs.

c. **What are the direct services to be provided to citizens by the appropriations project?**
   
   The generator and chiller will support the medical needs of those with special needs at the shelter.

d. **Who is the target population served by this project? How many individuals are expected to be served?**
   
   3,000 special needs residents.

e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   
   It will provide lifesafety for those requiring special needs accommodations. Hillsborough County has 3,000 people registered to use special needs shelters. Those registered will reflect the level of benefit.

f. **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?**
   
   Hillsborough County has standard safeguards in place, however, if there are unforeseen circumstances we will negotiate with the agency

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:** Dennis Jones

   b. **Organization:** Hillsborough County Fire Chief
c. **E-mail Address:** jonesdw@HCFLGov.net
d. **Phone Number:** (813)744-5541

### 14. Recipient Contact Information:
- **Organization:** Hillsborough County Fire Chief
- **County:** Hillsborough
- **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:** Dennis Jones
e. **E-mail Address:** jonesdw@HCFLGov.net
f. **Phone Number:** (813)744-5541

### 15. Lobbyist Contact Information
- **Name:** Jim Taylor
- **Firm Name:** Hillsborough County Board of County Commissioners
- **E-mail Address:** taylorj@HCFLGov.net
d. **Phone Number:** (813)417-0310