1. **Title of Project:** Hurricane Michael - Liberty County - Emergency Management Equipment

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/06/2019

4. **Project/Program Description:**

   Liberty County Emergency Management has need for new equipment to serve Liberty County citizens during emergency events. The county requests funds to purchase two portable messaging signs, purchase two portable lighting units, and repair and enhance the telecommunication tower at the emergency operations center.

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></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>120,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>120,000</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>120,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>100.0%</strong></td>
<td></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              |             |        |
11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Improved notifications and communication to county citizens during emergency events.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Notifications and communication to county citizens during emergency events.

c. What are the direct services to be provided to citizens by the appropriations project?
   Notifications and communication to county citizens during emergency events.

d. Who is the target population served by this project? How many individuals are expected to be served?
   All county citizens and citizens from outside the county that travel through populated areas of Liberty County.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Increased citizen safety due to heightened awareness of emergency events.

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?
   Standard contract penalties 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.

   Liberty County.

13. Requestor Contact Information:
   a. Name: Kathy Brown
   b. Organization: Clerk of Court
   c. E-mail Address: kbrown@libertyclerk.com
   d. Phone Number: (850)643-2215
14. **Recipient Contact Information:**
   a. **Organization:** Liberty County Board of County Commissioners
   b. **County:** Liberty
   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:** Kathy Brown
   e. **E-mail Address:** kbrown@libertyclerk.com
   f. **Phone Number:** (850)643-2215

15. **Lobbyist Contact Information**
   a. **Name:** None
   b. **Firm Name:** None
   c. **E-mail Address:**
   d. **Phone Number:**