1. **Title of Project**: Hurricane Michael - Blountstown - EOC

2. **Senate Sponsor**: Bill Montford

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

4. **Project/Program Description**:
   
   Upgrade facilities at the Police Department to withstand future storms and allow it to act as the Emergency Operations Center for the City of Blountstown.

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>1,000,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>1,000,000</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>1,000,000</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>100.0%</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
</table>

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?**
      These funds will allow the Police Department to upgrade its facilities to withstand future storms and function as the Emergency Operations Center for the City of Blountstown.

   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      Make the necessary improvements to the Police Department in order for it to be a fully functional Emergency Operations Center for the City of Blountstown.

   c. **What are the direct services to be provided to citizens by the appropriations project?**
      By upgrading this facility to operate as a city EOC office during a storm, the city will be able to serve the public more efficiently during a storm event, natural disaster, or other emergency event.

   d. **Who is the target population served by this project? How many individuals are expected to be served?**
      This will benefit the entire population of the City of Blountstown (approximately 2,500 citizens).

   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
      To allow the city to serve and protect citizens fully during a natural disaster or other emergency event; and to be fully functional and operate to keep citizens informed during and after a natural disaster or other emergency event.

   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.
City of Blountstown.

13. Requestor Contact Information:

   a. **Name:** Traci Hall
b. **Organization:** City of Blountstown  
c. **E-mail Address:** thall@blountstown.org  
d. **Phone Number:** (850)674-5488

14. **Recipient Contact Information:**  
a. **Organization:** City of Blountstown  
b. **County:** Calhoun  
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:** Traci Hall  
e. **E-mail Address:** thall@blountstown.org  
f. **Phone Number:** (850)674-5488

15. **Lobbyist Contact Information**  
a. **Name:** Patrick Bell  
b. **Firm Name:** Capitol Solutions  
c. **E-mail Address:** pbell@capitolsolutions.biz  
d. **Phone Number:** (850)544-0784