1. **Title of Project:** Hurricane Michael - City of Quincy - Lost Revenue

2. **Senate Sponsor:** Bill Montford

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

4. **Project/Program Description:**
   Funding would cover the loss of utility revenues incurred due to Hurricane Michael that would have been transferred from Utility Enterprise to city general funds for use in funding police, fire, and other city functions.

5. **State Agency to receive requested funds:** Department of Economic Opportunity

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>100,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>100,000</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>100,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td></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

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 | Replaces lost revenue that would have been used to fund personnel costs. | 100,000 |
    | Other Salary and Benefits | | |
11. **Program Performance:**

   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
      
      Cost recovery for the City of Quincy for revenues lost as a direct result of Hurricane Michael. The utility revenues would have been transferred to the general fund to cover police and fire personnel costs.
   
   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      
      Funding for police and fire personnel.
   
   c. **What are the direct services to be provided to citizens by the appropriations project?**
      
      Police and fire services.
   
   d. **Who is the target population served by this project? How many individuals are expected to be served?**
      
      Over 10,000 residents and businesses within the city.
   
   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
      
      Assisting City of Quincy financially to cover costs experienced from Hurricane Michael, specifically related to the provision of police and fire services that are funded with utility revenues.
   
   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?**
      
      Withhold partial funding until proper proof of revenue losses are provided.

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 Quincy

13. **Requestor Contact Information:**

   a. **Name:** Jack McLean
   
   b. **Organization:** City of Quincy
   
   c. **E-mail Address:** jmclean@myquincy.net
   
   d. **Phone Number:** (850)627-0200
14. **Recipient Contact Information:**
   a. **Organization:** City of Quincy
   b. **County:** Gadsden
   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:** Jack McLean
   e. **E-mail Address:** jmclean@myquincy.net
   f. **Phone Number:** (850)627-0200

15. **Lobbyist Contact Information**
   a. **Name:** Lane Stephens
   b. **Firm Name:** SCG Governmental Affairs
   c. **E-mail Address:** lane@scggov.com
   d. **Phone Number:** (850)513-0004