1. **Title of Project:** Hurricane Michael - Wewahitchka - Fuel Depot

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/14/2019

4. **Project/Program Description:**
   Upgrade existing fuel dispensing equipment/software as it was completely inaccurate and off-line after Hurricane Michael, resulting in unknown quantities of fuel being available and being unable to always pump it to the city/county/sheriff/ambulance vehicles or equipment needing it. Excess funds may be used to harden the facility as it is presently an open air pole barn with a fuel retaining wall at this time.

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>Fixed Capital Outlay</td>
<td>40,000</td>
</tr>
<tr>
<td>Total State Funds Requested</td>
<td>40,000</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>40,000</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>40,000</td>
<td>100.0%</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
Consultants/Contracted Services/Study

Operational Costs:
Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

Fixed Capital Construction/Major Renovation:
Construction/Renovation/Land/Planning Engineering
Upgrade of fuel depot and dispensing equipment.
40,000

Total State Funds Requested (must equal total from question #6)
40,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Upgrading the fuel depot to provide better service to first responders during a disaster and providing city equipment with sufficient fuel to perform debris removal or emergency repairs to various pieces of infrastructure.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Developing scopes of work, competitive bidding (although part of this project may be a sole source vendor situation), construction or installation as appropriate, and employment.

c. What are the direct services to be provided to citizens by the appropriations project?
   Faster and better service to first responders resulting in faster and better service to the community. Faster and better service to city employees to also provide for the community.

d. Who is the target population served by this project? How many individuals are expected to be served?
   City of Wewahitchka (population approximately 2,000) and the north end of Gulf County (total population 11,000 to 12,000).

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Faster and better service to first responders as well as more accurate records of fuel consumed.

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 penalties, bonding requirements, and state/federal license requirements should be 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 Wewahitchka.
13. **Requestor Contact Information:**
   a. **Name:** Cathy Simmons
   b. **Organization:** City of Wewahitchka
   c. **E-mail Address:** wewacomptroller@fairpoint.net
   d. **Phone Number:** (850)639-2605

14. **Recipient Contact Information:**
   a. **Organization:** City of Wewahitchka
   b. **County:** Gulf
   c. **Organization Type:**
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
      - Local Entity
      - University or College
      - Other (Please specify) municipal government
   d. **Contact Name:** Cathy Simmons
   e. **E-mail Address:** wewacomptroller@fairpoint.net
   f. **Phone Number:** (850)639-2605

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