1. **Title of Project:** Hurricane Michael - Gulf County - Revenue Shortfall

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/15/2019

4. **Project/Program Description:**
   Revenue shortfall due to Hurricane Michael.

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>5,000,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
</tbody>
</table>
   **Total State Funds Requested**| 5,000,000 |

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</td>
<td>5,000,000</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>
</tbody>
</table>
   **Total Project Costs for Fiscal Year 2019-2020** | 5,000,000 | 100.0% |

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

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount 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                          | Description                                      | Amount |
    |--------------------------------------------|--------------------------------------------------|--------|
    | Administrative Costs:                      |                                                  |        |
    | Executive Director/Project Head Salary and Benefits |                                  |        |
    | Other Salary and Benefits                   |                                                  |        |
    | Expense/Equipment/Travel/Supplies/Other     |                                                  |        |
    | Consultants/Contracted Services/Study       |                                                  |        |

Page 1 of 3
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020
LFIR#: 2630

Operational Costs:

<table>
<thead>
<tr>
<th>Salary and Benefits</th>
<th>Expense/Equipment/Travel/Supplies/Other</th>
<th>Revenue shortfall</th>
<th>5,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fixed Capital Construction/Major Renovation:

| Construction/Renovation/Land/Planning Engineering |                                      |                  |           |

Total State Funds Requested (must equal total from question #6) | 5,000,000 |

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Make up revenue lost due to Hurricane Michael.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   General governmental services.

c. What are the direct services to be provided to citizens by the appropriations project?
   General governmental services.

d. Who is the target population served by this project? How many individuals are expected to be served?
   All Gulf County residents.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Maintain present millage rate to prevent raising of taxes which would further damage local businesses and residents.

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.
   NA

13. Requestor Contact Information:
   a. Name: Sandy Quinn
   b. Organization: Gulf County Board of County Commissioners
   c. E-mail Address: bocc@gulfcounty-fl.gov
   d. Phone Number: (850)229-6106

14. Recipient Contact Information:
a. **Organization**: Gulf County Board of County Commissioners  
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)  
d. **Contact Name**: Michael L Hammond  
e. **E-mail Address**: mhammond@gulfcounty-fl.gov  
f. **Phone Number**: (850)229-6106

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