



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2630

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**

Type of Funding	Amount
Operations	5,000,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>5,000,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	5,000,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>5,000,000</b>	<b>100.0%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2630

<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Revenue shortfall	5,000,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning		
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,000,000</b>

**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:**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2630

**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:**