1. **Title of Project:** Hurricane Michael - Leon County - Recovery and Mitigation
2. **Senate Sponsor:** Bill Montford
3. **Date of Submission:** 03/14/2019
4. **Project/Program Description:**
   Leon County seeks legislative funding for unreimbursed Hurricane Michael damages as well as mitigation/resilience initiatives.
5. **State Agency to receive requested funds:** Executive Office of the Governor
   State Agency Contacted? Yes
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>2,400,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>2,400,000</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>2,400,000</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>2,400,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount 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**

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Consultants/Contracted Services/Study

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

**Fixed Capital Construction/Major Renovation:**
- Debris removal and equipment. Concord School enhancements (windows, doors electrical, etc.), roof replacement. 3D countywide GIS Flood Model. Backup generator for sheriff’s office.

| Debris removal and equipment. Concord School enhancements (windows, doors electrical, etc.), roof replacement. 3D countywide GIS Flood Model. Backup generator for sheriff’s office. | 2,400,000 |

Total State Funds Requested (must equal total from question #6) | 2,400,000 |

11. **Program Performance:**

   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
      
      Ensure Leon County's complete fiscal recovery from Hurricane Michael & further enhance community resilience for future disasters.

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

   c. **What are the direct services to be provided to citizens by the appropriations project?**
      
      Improved services to citizens.

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

   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
      
      Improved services to citizens.

   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.**

   Leon County.

13. **Requestor Contact Information:**
   
   a. **Name:** Andrew Johnson
   
   b. **Organization:** Leon County Government
   
   c. **E-mail Address:** JohnsonAn@leoncountyfl.gov
   
   d. **Phone Number:** (850)606-5383
14. **Recipient Contact Information:**
   a. **Organization:** Leon County Government
   b. **County:** Leon
   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:** Andrew Johnson
   e. **E-mail Address:** JohnsonAn@leoncountyfl.gov
   f. **Phone Number:** (850)606-5383

15. **Lobbyist Contact Information**
   a. **Name:** Jeffrey Sharkey
   b. **Firm Name:** Capitol Alliance Group
   c. **E-mail Address:** jeffreyshark@gmail.com
   d. **Phone Number:** (850)443-3355