



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1356

1. **Project Title** City of LaBelle Civic Center Emergency Generator2. **Senate Sponsor** Kathleen Passidomo3. **Date of Request** 10/09/20194. **Project/Program Description**

This appropriation request is for an emergency generator for the LaBelle Civic Center. The facility was used as a consolidated shelter after Hurricane Irma. A permanent generator is needed to power the facility for emergencies.

5. **State Agency to receive requested funds** Executive Office of the GovernorState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	65,000
Total State Funds Requested	65,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	65000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	65,000	100 %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20		65,000	2669	Yes

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1356

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		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Generator and associated equipment for installation at the LaBelle Civic Center for shelter activations.	65,000
Total State Funds Requested (must equal total from question #6)		65,000



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1356

11. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?

The Civic Center will be powered when needed due to lack of commercial power and be greater utilized as a shelter after an emergency activation event.

- b. What activities and services will be provided to meet the intended purpose of these funds?

Installation of generator and associated equipment at the LaBelle Civic Center for shelter activations.

- c. What direct services will be provided to citizens by the appropriation project?

A shelter to stay with power after an emergency activation event.

- d. Who is the target population served by this project? How many individuals are expected to be served?

Western Hendry County and the City of LaBelle and surrounding area, 20,000 individuals.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Power will be available to run the facility as a shelter after an emergency event. Power when activated.

- 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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1356

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

City of LaBelle will be the owner of the generator.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.