



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1439

1. **Project Title** Backup Generator – Secondary Special Needs Shelter2. **Senate Sponsor** Bill Montford3. **Date of Request** 10/16/20194. **Project/Program Description**

This project requests funding to install a backup generator at the Florida Department of Health facility (owned by Leon County), located at 872 West Orange Avenue in Tallahassee. With a backup generator, this facility would be able to serve as a secondary shelter location for citizens with special medical needs following a disaster. At this time, the primary special needs shelter in Leon County is located at Florida High School. This project would also allow the primary special needs shelter to demobilize more quickly after a disaster and reopen for school-related functions by providing an alternate location to accommodate special needs shelterees.

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

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	300,000
Total State Funds Requested	300,000

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)	300000	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	300,000	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		

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

If yes, indicate nonrecurring amount per year.



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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	Purchase and installation of a backup generator	300,000
Total State Funds Requested (must equal total from question #6)		300,000



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11. Program Performance

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

Enhance Leon County's ability to provide emergency shelter for citizens with special medical needs throughout the region.

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

This project will provide funding to install a backup generator at the Florida Department of Health facility located at 872 West Orange Avenue in Tallahassee.

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

With a backup generator, this facility would be able to serve as a secondary shelter location in the event of severe winds, flooding, and/or loss of main electrical power for citizens with special medical needs following a disaster. This project would also allow the primary special needs shelter to demobilize more quickly after a disaster and reopen for school-related functions by providing an alternate location to accommodate special needs shelterees.

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

This project will benefit all residents of Leon County, as well as potential evacuees to Leon County from other areas affected by a disaster.

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

This project seeks to enhance Leon County's ability to shelter citizens with special medical needs following a disaster. This can be measured by the number of special needs shelterees accommodated.

- 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?

Deobligation of funds.



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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.**

Leon County

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.