



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1698

1. **Project Title** City of South Bay Emergency Shelter and Care Center Phase 22. **Senate Sponsor** Kevin Rader3. **Date of Request** 11/01/20194. **Project/Program Description**

Construction and hardening of a safe place for the residents with fragile housing during catastrophic events that can generate unique situations requiring unusual responses. This facility would be supported by American Red Cross, Palm Beach County Emergency Management, Palm Beach County Sheriff Office, and the local governing authority.

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	1,300,000
Total State Funds Requested	1,300,000

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)	1300000	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	1,300,000	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		
2017-18	00	337,500	2590	No

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	Construction of the project	1,300,000
Total State Funds Requested (must equal total from question #6)		1,300,000



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11. Program Performance

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

Construction of emergency shelter and care center and hardening of a safe place.

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

A community center (emergency shelter and care center) would be operational during catastrophic events that can generate unique situations requiring unusual responses.

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

The center would include the following: •Shelter •Feeding •Emergency First Aid •Bulk Distribution of Emergency Items •"Safe and Well" information.

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

City of South Bay. 6,000 people.

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

This facility would be supported by the American Red Cross, Palm Beach Sheriff's Office, and the local governing authority during a catastrophic event.

- 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?

Failure to meet deliverables without notification of good reason will result in financial penalties as described in contract.



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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.**

The City of South Bay

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.