



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1989

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

This project requests funding to install backup generators at facilities that Leon County utilizes to support disaster response and recovery operations.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="800,000"/>
Total State Funds Requested	800,000

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)	<input style="width: 80%;" type="text" value="800000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	800,000	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		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Purchase and installation of backup generators at 5 facilities.	800,000
Total State Funds Requested (must equal total from question #6)		800,000



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11. Program Performance

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

This project seeks to ensure that these Leon County facilities are operable and/or can be utilized during future emergency activations. This project will ensure that these facilities, which are located in all areas of the community including urbanized areas as well as outlying rural areas, can be used as recovery centers, points of distribution for water and supplies, logistical staging areas, or for other uses as described in the county's Comprehensive Emergency Management Plan.

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

This project will ensure that these facilities, which are located in all areas of the community including urbanized areas as well as outlying rural areas can be used as recovery centers, points of distribution for water and supplies, logistical staging areas, or for other uses as described in the county's Comprehensive Emergency Management Plan.

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

This project will allow the county to utilize these facilities in several capacities to support preparedness, response, and recovery operations.

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

This project will benefit all residents and potential evacuees to Leon County.

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

The number of citizens and evacuees served at/from these facilities following a disaster.

- 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.