



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2554

1. **Project Title** Flagler County Emergency Operations Center Hardening and Enhancements

2. **Senate Sponsor** Travis Hutson

3. **Date of Request** 01/28/2020

4. **Project/Program Description**

Increase the existing county emergency operations center by 7,500 square feet and harden the existing roof to mitigate the possibility of damage during a windstorm event, such as a hurricane.

5. **State Agency to receive requested funds** Executive Office of the Governor

State Agency contacted? ☐ Yes ☒ No

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

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	3,700,000
<b>Total State Funds Requested</b>	<b>3,700,000</b>

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)	3700000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>3,700,000</b>	<b>100 %</b>

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Project management, design, and construction of facility additions, including road hardening.	<input style="width: 90%;" type="text" value="3,700,000"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,700,000</b>



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#### 11. Program Performance

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

Increase the existing county emergency operations center by 7,500 square feet and harden the existing roof to mitigate the possibility of damage during a windstorm event, such as a hurricane

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

Increased ability to provide coordination during emergency situations to better serve the residents of Flagler County.

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

The ability for the county to provide adequate disaster response from a command center designed to withstand strong wind events.

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

The residents of Flagler County.

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

Identification of the increase in personnel that are able to be housed and effectively operate out of the facility in emergency situations, in comparison to the pre-project capacity.

- 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?

Reduction in funding.



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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.**

Flagler 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.