



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1105

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The city built a public safety facility which was completed in 2020 and is rated for a Cat 5 hurricane. Due to budget constraints the city had limited funds to purchase the needed equipment for the city's Emergency Operations Center (EOC) and a critical response/command unit which are critical for man-made or natural disasters. The needed EOC resources are critical for mitigation, preparedness, response, and recovery for the community and surrounding areas in an emergency event.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	286,676
<b>Total State Funds Requested</b>	<b>286,676</b>

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	286,676	75%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	95,559	25%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>382,235</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

The city's airport and Department of Justice for decontamination equipment, UV lighted cases for police cell phones, and overtime staff hours due to COVID-19. Currently the city has a CARES ACT request in for fire staff OT, decontamination equipment and supplies, and personal protective equipment.

#### 11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Projector, cots, TVs displays, trash compactor, emergency drones, booster battery packs, chart plotter, standard/tough-book laptops, display with mount and computer, batteries, wireless access points, handheld HT radios, extra batteries for HT radios, chargers, base station and antennas, coax for antennas, power converter, phones/fax, AED, MOBEX comm., and critical response/command unit.	286,676
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>286,676</b>

#### 12. Program Performance

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

The purpose of the Emergency Operations Center and critical response/command unit are to serve the citizens by facilitating and carrying out emergency services during man-made or natural disasters. The emergency equipment allows for communications and strategic planning to mitigate, prepare, respond, and recover from emergencies.

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

The city will purchase: Emergency Operations Center equipment and a critical response/command unit which will allow the city emergency management staff to project maps and images of disaster sites or emergency scenes; TV screens, laptops, phones, mobile phones which will allow communication with surrounding municipalities; chart plotters to enlarge maps; and tough book laptops for on field emergencies. Critical response/command unit would be deployed for on scene quick response and communications during man-made and natural disasters.

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

All the citizens benefit from quick emergency response during emergency events. Emergency staff having the capability to communicate and respond quickly can save lives during all emergency events.

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



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All city citizens and local county individuals will be served from Emergency Operations Center equipment and critical response/command unit. The City of Venice's population is estimated at 23,985 as of July 2019 and the county's population is 433,782

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

The outcome of a fully equipped Emergency Operations Center and critical response/command unit allows for more precise locations of damage in an emergency or man-made emergency event and allow for quicker response and communications which could save lives.

**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 the contract?**

If items are purchased then backup proof of purchase should be supplied prior to requesting funds. A period of performance should be outlined in the contract and followed.

**13. 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 Venice



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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