



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1545

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

4. 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**
- State Agency contacted?**

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	150,000
Total State Funds Requested	150,000

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)	150,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	150,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	300,000	100%

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.**
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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.

\$51.2 million in Coronavirus Relief Funds from FDEM - public health expenditures, housing/utility assistance, local business assistance, etc. (as provided in the CARES Act).

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Purchase and installation of a backup generator	150,000
Total State Funds Requested (must equal total from question #6)		150,000

12. Program Performance

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

This project will 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 at Florida High School 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 will provide an additional facility that can be utilized as a special needs shelter in the event of severe winds, flooding, and/or loss of main electrical power. Measured by conducting an updated vulnerability analysis for the community, as identified in the Leon County Comprehensive Emergency Management Plan and the Tallahassee-Leon County Hazard Mitigation Plan.



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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?

Deobligation of funds.

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.

Leon County government



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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