



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1747

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

4. Project/Program Description

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	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</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)	2,000,000	89%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	11%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>2,250,000</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?

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



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#### 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		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of new emergency operations center. This will be a new construction project which will include the structure and necessary site improvements.	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

#### 12. Program Performance

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

The current emergency operations center is a stand alone classroom that was part of an old school. Due to its age, the building was not constructed to the current hurricane building codes and will need to be evacuated during serious storm events. The building is also too small to accommodate meetings with representatives and support staff of all the agencies that need to participate in emergency coordination meetings. The new facility will be large enough to accommodate that need.

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

Construction of the new facility will enable the county and associated agencies to plan for threats associated with natural disasters including but not limited to evacuations and providing services to the most vulnerable. It will also serve as the control center for responding in the aftermath of events.

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

A new facility will better enable the county and associated agencies to plan for, and potentially mitigate, risks associated with natural disasters and provide services in the aftermath of events.

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

All of the citizens of the county.

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

See 12 a and b answers above.

##### 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?

State funds are typically distributed as a reimbursement. Reject a reimbursement request that doesn't match the schedule of deliverables.



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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.

Suwannee County Commission



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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