



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1942

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This proposal would include the upgrade of technology and renovation of the council chambers to re-purpose the room to function as both the council chambers and the emergency operations center.
 At this time, the city does not have a centralized location in order to function effectively during a public emergency. To function dually as the council chambers/emergency operations command center, reconfiguration of the existing dais as well installation of advanced up-to-date technology is needed.

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	50,000
Fixed Capital Outlay	57,000
Total State Funds Requested	107,000

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)	107,000	50%
Matching Funds		
Federal	57,000	27%
State (excluding the amount of this request)	0	0%
Local	50,000	23%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	214,000	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.**

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.

\$215,271.79 awarded as a subrecipient of Hernando County through the federal CARES Act funding and \$50,000 awarded from FDLE CESF program. A portion of the both funds were utilized for updated technology to prepare for and address issues related to COVID.

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	Monitors, sound system, phones, connectivity, and software.	50,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Reconfiguration/construction of the existing dais	57,000
Total State Funds Requested (must equal total from question #6)		107,000

12. Program Performance

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

This proposal would include the upgrade of technology and renovation of the council chambers to re-purpose the room to function as both the council chambers and the emergency operations center. The existing room accommodates council meetings and other local board and advisory council meetings utilizing the existing technology which is considerably out of date. In order to function dually as the council chambers/emergency operations command center, reconfiguration of the existing dais as well installation of advanced up-to-date technology, including additional monitors, sound system, phones, connectivity and software is needed.

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

This reconfigured space will enable city personnel to respond from a centralized location quickly and to scale while utilizing the space as an emergency operations center (EOC); bring the emergency response team together to respond faster, make better decisions, and manage and provide resources effectively. The upgraded technology will provide efficient and effective access to council meetings and other public meetings for the citizens whether attending in person or virtually.

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

Effective live broadcasting with sufficient sound and technology for virtual and/or in person access by citizens. Increased, quicker response, and seamless interoperable communications for emergency situations that may require city-wide response during events such as mass casualties, hurricanes, or other hazards.

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

All citizens of the city, population 8,191, may benefit directly/indirectly from this project.

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



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be measured?

Efficient, effective response to citizens during citywide emergency situations and during natural or man-made hazardous events and increased remote/virtual participation by public (citizens) through alternative methods. Monitor response times and track resources utilized during emergency/hazardous events. Track participation of remote/virtual attendance and participation by citizens.

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?

Standard contract penalties will be sufficient.

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 Brooksville.



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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