



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1985

1. Project Title

City of Boca Raton City Hall and Municipal Complex Emergency Generators

2. Senate Sponsor

Tina Polsky

3. Date of Request

03/04/2021

4. Project/Program Description

This appropriation request is for emergency generator replacements at the City of Boca Raton City Hall and the Municipal Services Complex. The city has generators at both locations that are reaching the end of their useful lives.

5. State Agency to receive requested funds

Division of Emergency Management

State Agency contacted?

No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,100,000
Total State Funds Requested	1,100,000

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)	1,100,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,100,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	2,200,000	100%

8. Has this project previously received state funding?

No

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

9. Is future funding likely to be requested?

No

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?

Yes

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



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CARES Act dollars for fire rescue patient transport \$97,000 and DOJ funding for police at \$58,000.

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	Generators and associated equipment for installation at City of Boca Raton City Hall and Municipal Complex	1,100,000
Total State Funds Requested (must equal total from question #6)		1,100,000

12. Program Performance

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

The City of Boca Raton City Hall and Municipal Complex will be powered when needed due to lack of commercial power and be able to conduct business as normal after an event.

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

Installation of generators and associated equipment at City of Boca Raton City Hall and Municipal Complex.

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

A place to conduct city business with power during and after an emergency event.

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

Palm Beach County and the City of Boca Raton and surrounding area.

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

Power will be available to run the two facilities to conduct business during and after an emergency event. Power when activated.

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.



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City of Boca Raton will be the owner of the generators.



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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