



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2267

1. Project Title Village of North Palm Beach Emergency Operations Center Emergency Generator

2. Senate Sponsor Bobby Powell

3. Date of Request 01/12/2022

4. Project/Program Description

This project will provide power to an Emergency Operations Center to house first responders and shelter employees.

5. State Agency to receive requested funds Division of Emergency Management

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	200,000
Total State Funds Requested	200,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	200,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	400,000	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?

No

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
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	Procure and install fully operational emergency generator for emergency operations center.	200,000
Total State Funds Requested (must equal total from question #6)		200,000

12. Program Performance

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

This project will provide power to an Emergency Operations Center to house first responders and feed, clothe, and shelter employees.

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

Provide services from employees for sanitation, streets/stormwater cleanup, fleet vehicles, facilities, and police and fire rescue.

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

Sanitation pickup, street and stormwater cleanup, police and fire rescue services.

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

Community residents

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

Protect the general public from harm: Provide police/fire rescue, health, sanitation, and storm debris cleanup. Providing prompt response to the community.

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?

Village of North Palm Beach will refund the appropriated funds if it does not meet the terms of the agreement.

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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The Village of North Palm Beach owns and operates the Emergency Operations Center. Funding for the EOC will be used by the village to improve functionality during and after a storm event.



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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