



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2376

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Polk County's Health and Human Services Division and the Florida Department of Health are located in the Frank B. Smith Building. The Health and Human Services Division oversees Indigent Health Care, Healthy Families, Housing & Neighborhood Development, the Rohr Home, Veteran and Volunteer Polk programs. The Florida Department of Health offers Clinical and Nutrition Services, Wellness programs, Community Health Planning, Environmental Health, Emergency Preparedness and Response, and Infectious Disease Services. The services offered by the Health and Human Services Division and the Florida Department of Health helps Polk County meet the needs of qualified residents and invests in the community to help enhance the quality of life in Polk County. Replacing the existing 46-year-old outdated generator with a new more technologically advanced generator that reduces the amount of harmful exhaust emissions into the environment will support the ongoing mission during a loss of power.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	140,000
Total State Funds Requested	140,000

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)	140,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	140,000	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?

Yes

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

The Polk Board of County Commissioners received \$126M - PPE, Medical supplies, medical disinfecting. DOJ COVID grant \$299,848 used for 2nd set of bunker gear to have an additional set to clean before using again after an COVID alert call.

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	Design, engineering, permitting, procurement of materials/equipment and construction cost.	140,000
Total State Funds Requested (must equal total from question #6)		140,000

12. Program Performance

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

The services offered by the Health and Human Services Division and the Florida Department of Health, helps Polk County meet the needs of qualified residents and invests in the community to help enhance the quality of life in Polk County. Replacing the existing 46-year-old outdated generator with a new more technologically advanced generator that reduces the amount of harmful exhaust emissions into the environment will support the ongoing mission during a loss of power.

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

The funding will be used for design, engineering, permitting, material and equipment purchase, and construction.

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

The appropriation of this project will impact the citizens of Polk County in an indirect manner by keeping a constant and steady power supply to the Frank B. Smith building during an emergency power outage.

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

All citizens of Polk County who need to access the many services offered by the Health and Human Services Division and the Florida Department of Health.

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



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The services offered by the Polk County Health and Human Services Division and the Florida Department of Health helps Polk County meet the needs of qualified residents and invests in the community to help enhance the quality of life in Polk County. Replacing the existing 46-year-old outdated generator with a new more technologically advanced generator that reduces the amount of harmful exhaust emissions into the environment will support the County & States ongoing mission during a loss of power.

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?

By failing to meet the deliverables of replacing the emergency generator would deprive continuation of valuable services to the community during an unexpected loss of power.

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.

Polk County, a political subdivision of the State of Florida is the owner of the facility. The fixed capital outlay funding for the project will be managed by Polk County's Facilities Management Division. The Polk County Health and Human Services Division and the Florida Department of Health are both tenants within the building.



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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