

LFIR # 2721

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1. Project Title	Town of White S	prings Emergenc	y Shelter				
2. Senate Sponsor	Loranne Ausley						
3. Date of Request	01/10/2022						
4. Project/Program D	escription						
the Emergency Ope	rations Center and ices during man-ma	critical response/d de or natural disa	command unit are to sters. The emerger	serve the citizens by cy equipment allows f	ty center. The purpose of facilitating and carrying for communications and		
5. State Agency to re	ceive requested fu	<b>nds</b> Division	n of Emergency Mai	nagement			
State Agency conta	acted? No						
6. Amount of the Non	recurrina Reauest	for Fiscal Year 2	2022-2023				
Type of Funding	3 14			mount	1		
Operations				500,000			
Fixed Capital Outlay	Fixed Capital Outlay			500,000	)		
<b>Total State Funds</b>	Requested			1,000,000			
7. Total Project Cost f	or Fiscal Year 202	2-2023 (includin	g matching funds a	available for this pro	ject)		
Type of Funding			Amount	Percentage			
	equested (from que	stion #6)	1,000,0	00 100%	<u>)</u>		
Matching Funds				_	4		
Federal				0 0%			
Local	State (excluding the amount of this request)			0 0%			
Other				0 0%			
Total Project Costs	s for Fiscal Year 20	)22-2023	1,000,0		1		
		·			2		
8. Has this project pr	eviously received s	state funding?	No		_		
Fiscal Year (yyyy-yy)	Amo		Specific Appropriation	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation	<i>T</i>	-		
					ı.		
9. Is future funding li	kely to be requeste	ed?	No				
a. If yes, indicate n	onrecurring amou	nt per year.					
b. Describe the so	•	, ,	lieu of state fundi	na	_		
b. Describe the so		ti can be used in	nieu or state runui				
10. Has the entity req	uesting this projec	ct received any f	ederal assistance	related to the COVID-	-19 pandemic?		
No							
If yes. indicate the	amount of funds i	eceived and wh	at the funds were ા	used for.			
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LFIR # 2721

11	Details on	how the	requested	state funds	will be	expended
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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	Projector, cots, TVs displays, trash compactor, emergency drones, booster battery packs, chart plotter, standard/tough-book laptops, display with mount and computer, batteries, wireless access points, handheld HT radios, extra batteries for HT radios, chargers, base station and antennas, coax for antennas, power converter, phones/fax, AED, MOBEX comm., and critical response/command unit.	300,000			
Consultants/Contracted Services/Study	Design, engineering, and environmental study.	200,000			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering	The proposed project is a building that includes office space, dining room, and commercial kitchen.	500,000			
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	1,000,000			

## 12. Program Performance

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

To build a dual-purpose building that functions as an emergency evacuation shelter and community center. The purpose of the Emergency Operations Center and critical response/command unit are to serve the citizens by facilitating and carrying out emergency services during man-made or natural disasters. The emergency equipment allows for communications and strategic planning to mitigate, prepare, respond, and recover from emergencies.

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

A new much needed emergency evacuation shelter. The city will purchase: Emergency Operations Center equipment and a critical response/command unit which will allow the city emergency management staff to project maps and images of disaster sites or emergency scenes; TV screens, laptops, phones, and mobile phones which will allow communication with surrounding municipalities; chart plotters to enlarge maps; and tough book laptops for use in the field. Critical response/command unit would be deployed for on scene quick response and communications during man-made and natural disasters.

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

This project will provide a readily available local emergency shelter and community center within the town limits.

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

All the citizens benefit from quick emergency response during emergency events. Emergency staff having the capability to communicate and respond quickly can save lives during all emergency events. By providing an updated, ADA compliant, emergency evacuation shelter and community center. All city citizens and local county individuals will be served from Emergency Operations Center equipment and critical response/command unit.

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



LFIR # 2721

### be measured?

The outcome of a fully equipped Emergency Operations Center and critical response/command unit allows for more precise locations of damage in an emergency or man-made emergency event and allow for quicker response and communications which could save lives.

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?

If items are purchased then backup proof of purchase should be supplied prior to requesting funds. A period of performance should be outlined in the contract and followed, or town loses its funding.

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.

The Town of White Springs



LFIR # 2721

14.	14. Requestor Contact Information						
	a. First Name	Vanessa		Last Name	George		
	b. Organization	Town of White Springs					
	c. E-mail Address	manager@whitespringsfl.us					
	d. Phone Number	(386)397-2310 <b>Ext.</b>					
15.	15. Recipient Contact Information						
	a. Organization	Town of W	hite Springs				
	b. Municipality and County Hamilton						
	c. Organization Type						
	□For Profit Entity	rofit Entity					
	□Non Profit 501(c	□Non Profit 501(c)(3)					
	□Non Profit 501(c)(4)						
	☑Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Vanessa		Last Name	George		
	e. E-mail Address	manager@whitespringsfl.us					
	f. Phone Number	(386)337-2310					
16. Lobbyist Contact Information							
	a. Name	None					
	b. Firm Name	None					
	c. E-mail Address	s					
	d. Phone Number						