

### **The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025**

**LFIR # 2265** 

1 Project Title	Mutual Aid Star	ing and Coardinatio	on Sito				
1. Project Title	iviutuai Alu Stag	ing and Coordination	JII SILE				
2. Senate Sponsor	Corey Simon						
3. Date of Request	12/08/2023						
4. Project/Program D	escription						
facility will serve as meals, vehicle fueling	a hub for processing, and laundry faci	g mutual aid crews lities for external ut	during storms, provid	ing essential service disaster response.	uin's service area. This es such as lodging, Its location provides the		
5. State Agency to re	ceive requested fu	unds Division	of Emergency Manag	ement			
State Agency conta	•						
6. Amount of the Non	recurring Request	tor Fiscal Year 20	)24-2025 				
Type of Funding			Amo				
Operations				262,500			
Fixed Capital Outlay			1,737,500				
Total State Funds	Requested			2,000,000			
7. Total Project Cost f	or Fiscal Year 202	24-2025 (including	matching funds ava	ilable for this proje	ect)		
Type of Funding			Amount	Percentage			
Total State Funds R	Total State Funds Requested (from question #6)			31%			
Matching Funds			3,500,000				
Federal	Federal			56%			
State (excluding the amount of this request)			0	0%			
Local			000,008	0%			
	Other			13%			
<b>Total Project Costs</b>	s for Fiscal Year 2	024-2025	6,300,000	100%			
8. Has this project pro	eviously received	state funding?	No				
Fiscal Year	Amount		Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
0 la f f	ralista ka ransaat	10	No				
9. Is future funding lil	kely to be request	ea?	No				
a. If yes, indicate n	onrecurring amou	ınt per year.					
b. Describe the so	urce of funding th	at can be used in	lieu of state funding.				
10. Has the entity req	uesting this proje	ct received any fe	deral assistance rela	ted to the COVID-1	19 pandemic?		
Yes							
If ves. indicate the	amount of funds	received and wha	t the funds were use	d for			
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11. Status of Construction

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Talquin received \$80,409 in COVID-19 funds to purchase Personal Protective Equipment (PPE) for employees including face coverings, disposable gloves, face shields, disinfectant spray, wipes, hand soap, sanitizer and sanitizer dispensers, COVID testing to include DIY kits and medical facility testing.

#### Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What	is the cur	rent phase of t	he project?				
	nning	O Design	Construction	O N/A			
b. Is the	project "	shovel ready" (	i.e permitted)?		No		
c. What is the estimated start date of construction?				3/1/2024			
d. What	is the est	imated comple	tion date of construct	ion?	12/31/2025		
			o receive, directly or in rs of the facility and th			outlay fundin	g. Include the
Talqui	n Electric (	Cooperative, Inc	·.				

#### 13. 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	Architect and Engineer	100,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Architect and Engineer	162,500
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Construction of Mutual Aid Staging and Coordination Site.	1,737,500
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	2,000,000

#### 14. Program Performance

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

The funds will support Talquin in establishing a disaster recovery facility in Gadsden County, strategically positioned within our service area.

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



No penalties.

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This facility will serve as a hub for processing mutual aid crews during storms, providing essential services such as lodging, meals, vehicle fueling, and laundry facilities for external utility crews engaged in disaster response. Its location provides the ability to provide assistance to crews deployed statewide to address natural disasters.

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

The establishment of this facility will enhance Talquin's capacity to safely and swiftly restore electric, water, and wastewater services in the aftermath of a natural disaster.

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

All persons living in Gadsden County and the surrounding areas, which is a high-poverty and high-minority area.

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

This facility will support the swift restoration of essential utility services, provide essential support to mutual aid crews arriving from out of town, and enhance Talquin's capacity to safely and swiftly restore electric, water, and wastewater services in the aftermath of a natural disaster.

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?

15. Requester Contact Information			
a. First Name	Michael	Last Name	Temple
b. Organization	Talquin Electric Cooperati	ve, Inc.	
c. E-mail Address	mike.temple@talquinelectric.com		
d. Phone Number	(850)875-5605	Ext.	
16. Recipient Contact Information			
a. Organization	a. Organization Talquin Electric Cooperative, Inc.		
b. Municipality and	b. Municipality and County Gadsden		
c. Organization Type			
□For Profit Entity	□For Profit Entity		
□Non Profit 501(c	□Non Profit 501(c)(3)		
□Non Profit 501(c)(4)			
□Local Entity			
□University or College			
☑Other (please specify) 501(c)(12) Non Profit Electric Cooperative			
d. First Name	Michael	Last Name	Temple
e. E-mail Address	mike.temple@talquinelect	ric.com	
f. Phone Number	(850)875-5605		



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17. Lobbyist Contact In	formation
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a. Name	None
b. Firm Name	
c. E-mail Address	
d. Phone Number	