



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2618

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This project seeks to install backup generators at eight (8) critical Leon County facilities (branch libraries and community centers). These facilities, which are located all areas of the community including urbanized areas as well as outlying rural areas, are utilized to support disaster response and recovery operations. Recognizing this, this project will ensure these facilities are operable and/or can be utilized in the event of severe winds, flooding, and/or loss of main electrical power.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 0 |
| Fixed Capital Outlay | 500,000 |
| Total State Funds Requested | 500,000 |

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

| Type of Funding | Amount | Percentage |
|--|------------------|-------------|
| Total State Funds Requested (from question #6) | 500,000 | 50% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 500,000 | 50% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 1,000,000 | 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



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

\$51.2 million in Coronavirus Relief Funds from FDEM as provided in the CARES Act; \$57 million in Coronavirus State and Local Fiscal Recovery Funds under the federal American Rescue Plan Act (ARPA). Funds were used to support economic recovery for households, businesses, nonprofits, and other public health/human services agencies.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

Not sure

d. What is the estimated completion date of construction?

Not sure

12. List 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.

Leon County Government (owner and applicant)

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 | | 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 | Purchase and installation of eight (8) backup generators at critical facilities throughout Leon County. | 500,000 |
| Total State Funds Requested (must equal total from question #6) | | 500,000 |

14. Program Performance

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

This project requests funding support to install backup generators at eight Leon County facilities (branch libraries and community centers) to ensure that they can be utilized to support disaster response and recovery operations.

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



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This project will ensure that these facilities, which are located in all areas of the community, including urbanized areas as well as outlying rural areas, can be used as comfort stations, points of distribution for water and supplies, logistical staging areas, or for other uses as described in the county's Comprehensive Emergency Management Plan.

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

The installation of the backup generators will ensure these critical facilities can be used to support disaster response and recovery operations following future disasters. Specifically, this project will allow Leon County to utilize these facilities as comfort stations, points of distribution for water and supplies, logistical staging areas, or for other uses, and as a result, allow citizens without electrical service to cool off, charge mobile devices, and receive assistance as needed.

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

This project will benefit residents and potential evacuees to Leon County.

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

This project will facilitate the expanded use of eight (8) county-owned facilities to support Leon County's emergency response efforts following a disaster. This outcome will be measured by conducting an updated vulnerability analysis for the community, as identified in the Leon County Comprehensive Emergency Management Plan and the Tallahassee-Leon County Hazard Mitigation Plan.

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?

Deobligation of funds.

15. Requester Contact Information

a. First Name Last Name
 b. Organization
 c. E-mail Address
 d. Phone Number Ext.

16. 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



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number