

Yes

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

LFIR # 3120

1. Project Title	Portable Genera	tor Replacement	- Polk County		
2. Senate Sponsor	Ben Albritton				
3. Date of Request	12/11/2023				
4. Project/Program Des	scription				
120/208 Volts, 3 Phas Diesel Exhaust Fluid during unexpected ou	se, 4 Wire, and 12 tanks. The availab utages whether the n as the Sheriff's o	0/240 Volts Singl ility of these port outage is a man ffice and other G	able generators allows f	Trailered Portable or a quick response outage occurs duri	Generators with fuel and e when utility power fails ing natural disaster. Polk
5. State Agency to rec	eive requested fu	nds Divisio	n of Emergency Manag	ement	
State Agency contact	cted? No				
6. Amount of the Nonre	ecurring Request	for Fiscal Year	2024-2025		
Type of Funding			Amo	unt	1
Operations			Aillo	0	1
Fixed Capital Outlay				240,000	-
Total State Funds R	equested			240,000	
7. Total Project Cost fo	r Fiscal Year 202	4-2025 (includin	g matching funds ava	ilable for this proj	ect)
Total State Funds Re	quested (from que	stion #6)	240,000	100%	
Matching Funds		,	,		1
Federal			0	0%	
State (excluding the a	amount of this requ	iest)	0	0%	
Local			0	0%	
Other			0	0%	
Total Project Costs	for Fiscal Year 20	24-2025	240,000	100%	
8. Has this project pre	viously received	state funding?	No		
Fiscal Year (yyyy-yy)	Amo Recurring	ount Nonrecurring	Specific Appropriation #	Vetoed	
9. Is future funding like	ely to be requeste	ed?	No		
a. If yes, indicate no	nrecurring amou	nt per year.			
b. Describe the sou	rce of funding tha	nt can be used in	n lieu of state funding.		
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10. Has the entity requ	esting this projec	ct received any	federal assistance rela	ted to the COVID-	·19 pandemic?



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

Cares Funding: \$126,467,997.40 (economic development, community health, etc.)
Nursing Home COVID Health Services: \$639,271.41
H&D: \$49,464,052.26 (facilities improvements, multi-family rental, rental eviction program, etc.)

ARP: \$141,233,774.00 (infrastructure/local govts, safety, etc.)

Library (Co-op (Federal \$): \$454,338.00 Total Federal \$: \$318,259,433.07

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction	
a. What is the current phase of the project	?

Planning	O Design	Construction	○ N/A
b. Is the project	"shovel ready" ((i.e permitted)?	Yes
c. What is the es	stimated start da	te of construction?	7/1/2024
d. What is the es	stimated comple	tion date of construct	7/1/2025

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.

Polk County, a Political Subdivisi	ion of the State of Florida
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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	Replace two 17-year-Old Portable 80kw Trailered Generators with two new multi tap 277/480 Volts, 3 Phase, 4 Wire, 120/208 Volts, 3 Phase, 4 Wire, and 120/240 Volts Single Phase, 3 Wire 110kw Trailered Portable Generators with fuel and Diesel Exhaust Fluid tanks.	240,000		
Total State Funds Requested (must equal total from question #6)				

14. Program Performance

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



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

Polk County Facilities Management Division will provide project management services and budget oversight throughout the project from beginning until project closeout.

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

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

The citizens/residents and visitors to Polk County. Approximately 750,000 people in this service area.

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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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?

No other penalties would be suggested in lieu of the standard contract terms and conditions.

15. Requester Contac	t Informati	ion		
a. First Name	Ryan		Last Name	Taylor
b. Organization	Polk County Board of County Commissioners			
c. E-mail Address	ryantaylor@polk-county.net			
d. Phone Number	(863)534-	-6429	Ext.	
16. Recipient Contact Information				
a. Organization	Polk County Board of County Commissioners			
b. Municipality and County Polk				
c. Organization Type				
□For Profit Entity				
□Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			



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☑Local Entity						
□University or Co	□University or College					
☐Other (please sp	pecify)					
d. First Name	Keith	Last Name	Tate			
e. E-mail Address	keithtate@polk-county.net	İ				
f. Phone Number	(863)534-5511					
17. Lobbyist Contact Information						
a. Name	Nicholas V. Iarossi					
b. Firm Name	Capital City Consulting LL	_C				
c. E-mail Address	nick@cccfla.com					
d. Phone Number	(850)222-9075					