



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1961

1. Project Title Hillsborough County - Emergency Generators

2. Senate Sponsor Jim Boyd

3. Date of Request 2/20/2025

4. Project/Program Description

The funds will be spent on pre-construction work, new lift stations, electrical work to prepare for the generator, concrete pads for permanent generators, and the purchase of permanent generators for emergency shelters, Hillsborough County Sheriff's Office, and other County facilities.

5. State Agency to receive requested funds Department of Commerce

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	4,000,000
<b>Total State Funds Requested</b>	<b>4,000,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	4,000,000	20%
<b>Matching Funds</b>		
Federal	16,410,001	80%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>20,410,001</b>	<b>100%</b>

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.

## Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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LFIR # 1961

**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?**

3/01/2025

**d. What is the estimated completion date of construction?**

04/01/2026

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

Federal grant awarded to Hillsborough County and Hillsborough County funds.

**11. 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.**

Hillsborough County and Hillsborough County Sheriff's Office

**12. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The funds will be spent on pre-construction work, new lift stations, electrical work to prepare for the generator, concrete pads for permanent generators, and the purchase of permanent generators.	4,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>4,000,000</b>

**13. Program Performance**

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

The funds will be spent on pre-construction work, new lift stations, electrical work to prepare for the generator, concrete pads for permanent generators, and the purchase of permanent generators for emergency shelters, Hillsborough County Sheriff's Office, and other County facilities.

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

Hillsborough County has worked hard to install the equipment to support generators and generators themselves. This includes Special Needs Shelters which cater to highly vulnerable individuals that have a crucial reliance on power. The past few storms, especially Hurricane Helene and Hurricane Milton, have shown the importance of having back up emergency generators at HCSO key facilities.



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

The funds will be spent on pre-construction work, new lift stations, electrical work to prepare for the generator, concrete pads for permanent generators, and the purchase of permanent generators.

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

County-wide impact is expected.

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

Number of key county buildings and shelters with full backup power capacity. Maintain an inventory of facilities equipped with generators and monitor the percentage of critical sites with uninterrupted power during disasters.

**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 in the contract?**

Failure to meet performance measures may lead to corrective action, contract termination, and/or forfeiture of funds.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☒ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

Hurricane Milton & Hurricane Helene

**15. Has the entity applied for or received federal assistance for this project?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☒ No
- ☐ No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☒ No



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1961

☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 18. 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  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*