



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2364

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Town of Ponce Inlet is requesting funding for a standby generator and transfer switch to provide standby power for the Town's Community Center. The Community Center is a 5,000 sq ft critical facility that provides additional town operations space in the event of a severe weather event or community disaster. Although not officially designated as a shelter facility, it has functioned as one when bridge access to the mainland has been closed down. The Community Center does not have a generator currently, and the addition of a new unit would provide needed space for essential town operations during emergencies. The facility could be used to house first responders and infrastructure workers as well as members of the public – uses for which continuous power supply is essential.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding                    | Amount        |
|------------------------------------|---------------|
| Operations                         | 40,000        |
| Fixed Capital Outlay               | 0             |
| <b>Total State Funds Requested</b> | <b>40,000</b> |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding                                      | Amount        | Percentage  |
|--|---------------|-------------|
| Total State Funds Requested (from question #6)       | 40,000        | 57%         |
| <b>Matching Funds</b>                                |               |             |
| Federal  | 0             | 0%          |
| State (excluding the amount of this request)         | 0             | 0%          |
| Local  | 30,000        | 43%         |
| Other  | 0             | 0%          |
| <b>Total Project Costs for Fiscal Year 2023-2024</b> | <b>70,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. Is future funding likely to be requested?

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?



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Yes

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

Yes, funds were used for the purchase of PPE, disinfectant materials and public safety payroll.  
Total amount of funds - \$1,662,995

## 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

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

**c. What is the estimated start date of construction?**

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

**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.**

### 13. 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: Other</b>  |  |               |
| Salary and Benefits  |  | 0             |
| Expense/Equipment/Travel/Supplies/Other                                | Purchase of equipment and installation on current outfall locations. | 35,000        |
| Consultants/Contracted Services/Study                                  | Engineering consultation and project monitoring                      | 5,000         |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |  |               |
| Construction/Renovation/Land/Planning Engineering                      |  | 0             |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>40,000</b> |

### 14. Program Performance

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

Add backup generator and transfer switch to community center to provide emergency power to facility. Currently, no backup generator is in place.

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



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Purchase and installation of generator and associated transfer switch.

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

Backup generator will ensure the community center is available to provide additional operations and shelter space in no-power situations.

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

Residents of Ponce Inlet, approximately, 3,500 to 5,000, including commercial and mercantile property.

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

To place a reliable, modern back-up generator at the community center. Percentage of time generator is used vs failure. minimum of 98% reliability.

**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?**

Performance standard in the contract with percentage reduction in final payment for every day past project completion date.

**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**

**e. E-mail Address**

**f. Phone Number**

**17. Lobbyist Contact Information**



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|                          |                                   |
|--------------------------|-----------------------------------|
| <b>a. Name</b>           | <input type="text" value="None"/> |
| <b>b. Firm Name</b>      | <input type="text" value="None"/> |
| <b>c. E-mail Address</b> | <input type="text"/>              |
| <b>d. Phone Number</b>   | <input type="text"/>              |