

LFIR # 3027

1. Project Title	City of Everglades City Emergency Operations Center				
2. Senate Sponsor	Kathleen Passide	omo			
3. Date of Request	03/03/2023				
4. Project/Program De	escription				
Fire District, the Coll and Everglades City	lier County Sheriff, t to run an emergen	the Collier County cy operations cen	EMS, and other local of ter during hurricanes a	government person nd a fire station. Cu	from the Greater Naples inel from Collier County urrently first responders ion was damaged in Ian.
5. State Agency to red	ceive requested fu	nds Division	of Emergency Manag	ement	
State Agency conta	acted? No				
6. Amount of the Noni	recurring Request	for Fiscal Year 2	023-2024		
Type of Funding			Amo	ount]
Operations				0	
Fixed Capital Outlay			13,000,000		
Total State Funds Requested				13,000,000	
7. Total Project Cost f	or Fiscal Year 202	3-2024 (including	ı matching funds ava	ilable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	equested (from que	estion #6)	13,000,000	100%	
Matching Funds					
Federal			0	0%	1
State (excluding the amount of this request)			0	0%	1
Local		0	0%	†	
Other			0	0%	1
Total Project Costs	s for Fiscal Year 20)23-2024	13,000,000	100%]
8. Has this project pre	eviously received	state funding?	No		
Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future funding lik	kely to be requeste	ed?	No		
a. If yes, indicate n	onrecurring amou	nt per year.			
b. Describe the sou	urce of funding tha	at can be used in	lieu of state funding.		
	3		<u> </u>]
10. Has the entity req	uesting this projec	ct received any fe	ederal assistance rela	ated to the COVID-	19 pandemic?
No	3	, , ,		-	•
	amount of funds	received and wha	at the funds were use	d for.	
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1. Status of Construction		
a. What is the current phase of the project?		
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start date of construction?	October 1st, 2023	
d. What is the estimated completion date of construction?	April 2025 (18 Months)	
2. List the owners of the facility to receive, directly or indirec relationship between the owners of the facility and the enti		outlay funding. Include the

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The funds would be used for the design and construction of an emergency operations center to serve as a place for first responders from the Greater Naples Fire District, the Collier County Sheriff, the Collier County EMS, and other local government personnel from Collier County and Everglades City to run an emergency operations center during natural disasters and a fire station.	13,000,000
Total State Funds Requested (m	ust equal total from question #6)	13,000,000

14. Program Performance

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

These funds will be utilized to design and build an emergency operations center in Everglades City.

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



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This center will serve as a place for first responders from the Greater Naples Fire District, the Collier County Sheriff, Collier County EMS and other local government personnel from Collier County and the City of Everglades City to be utilized during hurricanes. Additionally, this will also serve as a fire station which was destroyed during Hurricane Ian.

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

The citizens of Everglades City and surrounding areas of unincorporated Collier County will benefit from services provided by the Greater Naples Fire District, the Collier County Sheriff and Collier County EMS. Additionally, this center will allow for first responders to be safely housed before, during and after a hurricane impacts the area.

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

This project will serve >800 individuals in Everglades City and areas of unincorporated Collier 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 provide an emergency operations center and replace the Everglades City Fire Station that was destroyed during Hurricane Ian. Additionally, the facility will allow for first responders to be safely housed before, during and after a hurricane impacts the area. Services can be tracked via statistics currently tracked through the Greater Naples Fire District, the Collier County Sheriff and Collier County EMS.

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?

The grant should be a reimbursement grant such that if deliverables are not met, money is not remitted.

15. Requester Contact	timormation		
a. First Name	Howell	Last Name	Grimm
b. Organization	City of Everglades City		
c. E-mail Address	mayorgrimm@cityofeverg	lades.org	
d. Phone Number	(239)695-3781	Ext.	
16. Recipient Contact	Information		
a. Organization	City of Everglades City		
b. Municipality and	d County Collier		
c. Organization Ty	ре		
□For Profit Entity			
□Non Profit 501(c	c)(3)		
□Non Profit 501(c	e)(4)		
☑Local Entity			
□University or Co	llege		
☐Other (please sp	pecify)		
d. First Name	Dottie	Last Name	Joiner
e. E-mail Address	dsmallwood@cityofeverg	lades.org	



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f. Phone Number	(239)695-3781
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17. Lobbyist Contact Information

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a. Name	Zachary Lombardo
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d. Phone Number	(239)694-6555