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The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Leon County-Tallahassee Critical Facilities Backup Generators

Senate Sponsor: Bill Montford
 Date of Submission: 11/20/2017

4. Project/Program Description:

This joint Leon County/City of Tallahassee project requests funding to install backup generators at critical facilities throughout the community to ensure that they can be utilized following a disaster. The Tallahassee-Leon County Local Mitigation Strategy identifies a variety of critical facilities throughout the community; this project seeks funding for generators at 12 Leon County and City of Tallahassee branch libraries and community centers.

5. State Agency Contacted? Yes

- a. If yes, which state agency? Executive Office of the Governor
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
2,000,000		2,000,000

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 2,000,000

9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

This project seeks to ensure that Leon County and City of Tallahassee branch libraries and community centers are operable and/or can be utilized in the event of severe winds, flooding, and/or loss of main electrical power.

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

Following future disasters, this project will enable Leon County and the City of Tallahassee to utilize libraries and community centers throughout the community to allow citizens without electrical service to cool off, charge mobile devices, and receive assistance during the recovery.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Operational Costs		
☐Salary and Benefits		



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☑Expense/Equipment/Travel/Supplies/Other	Backup generators at 12 Leon County/City of Tallahassee branch libraries and community centers.	2,000,000
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Backup generators will provide power to critical facilities, including comfort centers throughout Leon County.

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

This project will benefit all residents of Leon County, as well as potential evacuees to Leon County from other areas affected by a disaster.

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

Residents and visitors would have access to 12 locations in Leon County for air conditioning, electrical service, and disaster recovery assistance following future disasters.

- g. 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?
 <u>The standard penalties for noncompliance are sufficient.</u>
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

 N/A
- 13. Requestor Contact Information:

a. Name: <u>Andrew Johnson</u>b. <u>Organization: Leon County</u>

c. Email: JohnsonAn@LeonCountyFL.gov

d. Phone Number: (850)606-5383

14. Recipient Contact Information:

a. Organization: Leon County

b. County: Leon



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c. Organization Type:

- O For Profit
- O Non Profit 501(c) (3)
- O Non Profit 501(c) (4)
- Local Entity
- O University or College
- O Other (Please specify)
- d. Contact Name: Andrew Johnson
- e. E-mail Address: JohnsonAn@LeonCountyFL.gov
- f. Phone Number: (850)606-5383
- 15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Jeffrey Sharkey

b. Firm: <u>Capitol Alliance Group</u>c. Email: <u>jeffreyshark@gmail.com</u>d. Phone Number: (850)224-1660