



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Critical Incident Portable Generators

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 11/30/2017

4. **Project/Program Description:**

A program to provide emergency generators to power intersections and provide for safe roadway travel.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Executive Office of the Governor

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
20,000		20,000

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

Type	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):** 20,000

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

Uninterrupted traffic flow with reduced traffic crash opportunities, and reduced risk of injuries to citizens and property damage.

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

Police officers and Public Works staff will ensure intersection traffic signals are functional by using the generators during times of extended power loss (i.e. Hurricanes).

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	20 Generators, 20 power	20,000



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		20,000

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

The funds will be used to purchase generators to power intersections after power loss, which will allow for the safe and efficient travel of vehicles.

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

All - general public - Ten of thousands of people drive our local roadways each day.

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

Uninterrupted traffic flow with reduced traffic crash opportunities - measured by historical comparison.

**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?**

Withholding of funds.

**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.**

City of Casselberry - Police Department

**13. Requestor Contact Information:**

- a. **Name:** Chief Larry D. Krantz Chief Larry D. Krantz
- b. **Organization:** Casselberry Police Department
- c. **Email:** lkrantz@casselberry.org
- d. **Phone Number:** (407)262-7606

**14. Recipient Contact Information:**

- a. **Organization:** Casselberry Police Department
- b. **County:** Seminole
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** William Nas William Nas

**e. E-mail Address:** wnas@casselberry.org

**f. Phone Number:** (407)262-7606

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** Michelle Ertel

**b. Firm:** Florida Strategic Advisors - 379 Whitcomb Drive - Geneva, FL

**c. Email:** michelleertel@me.com

**d. Phone Number:** (407)432-0709