



# The Florida Senate

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

1. **Title of Project:** South Bay Emergency Shelter and Community Center

2. **Senate Sponsor:** Kevin Rader

3. **Date of Submission:** 12/07/2017

4. **Project/Program Description:**

The people in South Bay have fragile sheltering, some have health concerns, and the Community Center (emergency shelter and care center) would be operational during catastrophic events that can generate unique situations requiring unusual responses. This facility would be supported by the American Red Cross, Palm Beach Sheriff Office, and the local governing authority.

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
	1,799,500	1,799,500

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	213,700	10.6%
Other	0	0.0%
TOTAL	213,700	10.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,013,200

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18



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d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

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.)		
	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		337,500	337,500

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?

Construction of Emergency Shelter and Care Center and hardening of safe place.

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

Community Center (emergency shelter and care center) would be operational during catastrophic events that can generate unique situations requiring unusual responses.

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		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction and hardening a safe place	1,799,500
TOTAL		1,799,500

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

The center would include the following: •Shelter •Feeding •Emergency First Aid •Bulk Distribution of Emergency Items •“Safe and Well” information

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

City of South Bay

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

This facility would be supported by the American Red Cross, Palm Beach Sheriff's Office, and the local governing authority during a catastrophic event.

**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?**

The standard penalties in place for noncompliance are sufficient.

**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 South Bay

**13. Requestor Contact Information:**

- a. Name: Joe Kyles
- b. Organization: City of South Bay
- c. Email: Camell@southbaycity.com
- d. Phone Number: (561)996-6751

**14. Recipient Contact Information:**

- a. Organization: City of South Bay
- b. County: Palm Beach
- c. Organization Type:
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)



# *The Florida Senate*

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

☐ Non Profit 501(c) (4)

☒ Local Entity

☐ University or College

☐ Other (Please specify)

**d. Contact Name:** Leondrae Camel

**e. E-mail Address:** Camell@southbaycity.com

**f. Phone Number:** (561)996-6751

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**