



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Emergency Shelter and Preparedness Equipment

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 01/09/2018

4. **Project/Program Description:**

The equipment will support the provision of life safety for the operation of a special needs shelter should the power go out or be interrupted.

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
885,000		885,000

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):** 885,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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?

To provide life safety resources for the special needs community.

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

The generator and chiller will provide support of air conditioning, lights, and medical equipment for those with special needs.

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	Generators and Chillers	885,000
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		885,000

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

Generators and chillers provided to the primary special needs shelter to ensure continuity in power and sustainable conditions.

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

3,000 special needs residents.

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

It will provide life safety for those requiring special needs accommodations. Hillsborough County has 3,000 individuals registered to use special needs shelters. Those registered will reflect the level of benefit.

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?

Hillsborough County has standard safeguards in place, however provided there are unforeseen circumstances we will negotiate with the agency

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:** Preston Cook
- b. **Organization:** Hillsborough County Office of Emergency Management
- c. **Email:** cookpr@HCFLGov.net
- d. **Phone Number:** (813)236-3800

14. Recipient Contact Information:

- a. **Organization:** Hillsborough County Office of Emergency Management
- b. **County:** Hillsborough
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity



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University or College

Other (Please specify)

d. Contact Name: Preston Cook

e. E-mail Address: cookpr@HCFLGov.net

f. Phone Number: (813)236-3800

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

a. Name: Jim Taylor

b. Firm: Hillsborough County

c. Email: taylorj@hillsboroughcounty.org

d. Phone Number: (813)276-2640