



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2683

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Contractual architectural/engineering, administration, project management and construction services to address resiliency hardening of City Hall. Funds used for removal of all old/leaking doors/ windows & replace with storm approved doors/windows, roof replacement, structural and security concerns; strengthen for disaster preparedness compliance; preservation of 1926 facility located in Rural Area of Opportunity. Protects life health & safety of employees, elected officials & citizenry.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,200,000
<b>Total State Funds Requested</b>	<b>1,200,000</b>

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,200,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,200,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes



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If yes, indicate the amount of funds received and what the funds were used for.

The City received a total of \$2,912,965.00 in ARPA funds. The City is addressing stormwater infrastructure improvements and water quality projects associated with stormwater planned through 2026.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

07/01/2024

d. What is the estimated completion date of construction?

06/30/2025

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

City of Okeechobee is the owner and the entity.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Contractual architectural/engineering, administration, project management and construction services.	1,200,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,200,000</b>

### 14. Program Performance

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

Goal is to protect life health & safety of employees, elected officials & citizenry. Funds used for removal of all old/leaking doors/windows and replace with storm approved doors/windows, roof replacement, structural and security concerns; strengthen for disaster preparedness compliance; preservation of 1926 facility located in Rural Area of Opportunity (RAO).



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

Activities include City to secure contractual architectural/engineering, administrative, project management & construction services through their procurement policies and procedures to harden the City Hall facility built in 1926 with replacing old/aging roof; replace all old/leaking windows with approved storm hardened windows/doors; address identified structural/ security issues.

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

Direct services to citizenry/employees served by completion of the project provides a safe, structurally sound, hardened City facility to host City Council meetings and conduct City services daily business for the community.

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

Target population is the community of Okeechobee, which is a Financial Disadvantaged Municipality (ch. 62-552, F.A.C.) located in a Rural Area of Critical Economic Concern/Rural Area of Opportunity (s. 288.0656, Florida Statutes); Greater than 5,000 to be served.

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

Benefit is protection and safety of general public/employees from harm while conducting businesses at City Hall, attending City Council meetings. Hardening of openings and replacement of the roof preserve the interior and exterior along with the critical security/structural improvements; provides for a safe/healthy environment and facility. Completion and certification of the improvements.

**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?**

Contractual milestones established throughout project, implementation of corrective action plan, non-payment of invoices until milestones completed.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College



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Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**