



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1072

1. Title of Project: City of LaBelle Civic Center Emergency Generator

2. Senate Sponsor: Kathleen Passidomo

3. Date of Submission: 01/17/2019

4. Project/Program Description:

This appropriation request is for an emergency generator for the LaBelle Civic Center. The facility was used as a Consolidated Shelter after Hurricane Irma. A permanent generator is needed to power the facility for emergencies.

5. State Agency to receive requested funds : Executive Office of the Governor

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

| Type of Funding | Amount |
|------------------------------------|---------------|
| Operations | |
| Fixed Capital Outlay | 65,000 |
| Total State Funds Requested | 65,000 |

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

| Type of Funding | Amount | Percent |
|--|---------------|---------------|
| Total State Funds Requested (from question #6) | 65,000 | 100.00% |
| Federal | 0 | 0.00% |
| State (excluding the amount of this request) | 0 | 0.00% |
| Local | 0 | 0.00% |
| Other | 0 | 0.00% |
| Total Project Costs for Fiscal Year 2019-2020 | 65,000 | 100.0% |

8. Has this project previously received state funding? No

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

9. Is future-year funding likely to be requested? No

10. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|---|-------------|--------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |



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| | | |
|--|--|---------------|
| Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Generator and associated equipment to install a fixed emergency generator at the LaBelle Civic Center for shelter activations. | 65,000 |
| Total State Funds Requested (must equal total from question #6) | | 65,000 |

11. Program Performance:

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

The Civic Center will be powered when needed due to lack of commercial power and be greater utilized as a shelter after an emergency activation event.

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

N/A

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

A shelter to stay with power after an emergency activation event.

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

Western Hendry County and the City of LaBelle and surrounding area, 20,000 people.

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

Power will be available to run the facility as a shelter after an emergency event. Power when activated.

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 in the contract?

Withdraw the funding.

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 LaBelle will be the owner of the generator.

13. Requestor Contact Information:

- a. Name:** David Lyons
- b. Organization:** City of LaBelle
- c. E-mail Address:** davealyons@hotmail.com
- d. Phone Number:** (863)228-0008



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14. Recipient Contact Information:

- a. **Organization:** City of LaBelle
- b. **County:** Hendry
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Ron Zimmerly
- e. **E-mail Address:** rzimmerly@citylabelle.com
- f. **Phone Number:** (863)675-2872

15. Lobbyist Contact Information

- a. **Name:** Joseph Spratt
- b. **Firm Name:** Spratt & Associates
- c. **E-mail Address:** josephspratt@yahoo.com
- d. **Phone Number:** (863)517-0235