



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1073

**1. Title of Project:** City of LaBelle City Hall 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 City Hall. The LaBelle City Hall lost power after Hurricane Irma. A permanent generator is needed to power the facility for emergencies. The amount requested is an estimate.

**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	45,000
<b>Total State Funds Requested</b>	<b>45,000</b>

**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)	45,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>45,000</b>	<b>100.0%</b>

**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1073

Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Generator and associated equipment to install an emergency generator at City Hall	45,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>45,000</b>

**11. Program Performance:**

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

The LaBelle City Hall will be powered when needed due to lack of commercial power and be able to conduct business as normal after an 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 place to conduct city business with power after an emergency 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 to conduct business 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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1073

#### 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