



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1405

**1. Title of Project:** Temple Terrace Emergency Operations Center

**2. Senate Sponsor:** Tom Lee

**3. Date of Submission:** 02/07/2019

**4. Project/Program Description:**

Design and build an Emergency Operations Center (EOC) within the City of Temple Terrace. Currently, the City of Temple Terrace converts its all purpose classroom into an EOC when the need arises. This classroom (building) is over 40 years old and is not rated to withstand any winds over a Category 3 Hurricane.

In order to operate efficiently and safely, the City is in dire need of a new EOC rated to up to a Category 5 Hurricane.

**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	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</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)	2,000,000	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>2,000,000</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		



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Other Salary and Benefits		
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	Design and construction of a Emergency Operations Center (EOC)	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

**11. Program Performance:**

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

The City of Temple Terrace currently works out of a converted classroom for its Emergency Operations Center. The current building is not rated for anything above a Category 3 Hurricane. Space is extremely limited and outdated. By receiving these funds, we would be able to build a much needed EOC that is rated to withstand a Category 5 Hurricane.

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

We would be able to provide seamless emergency operations during significant storms, tornadoes, hurricanes, public disturbances, etc.

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

Uninterrupted Emergency Services (Police, Fire) during times that dictate the opening and operations of the Emergency Operations Center.

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

The target population is the 26,000 residents who live within our city limits. This same population would be served by this new EOC.

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

The city would benefit by establishing a working environment that is safe for it's employees while providing a more efficient way of operating within the EOC during operational needs.

**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?**

Standard contract penalties.

**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 Temple Terrace



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#### 13. Requestor Contact Information:

- a. **Name:** Ian Kemp
- b. **Organization:** City of Temple Terrace
- c. **E-mail Address:** ikemp@templeterrace.com
- d. **Phone Number:** (813)506-6700

#### 14. Recipient Contact Information:

- a. **Organization:** City of Temple Terrace
- b. **County:** Hillsborough
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify) Municipality
- d. **Contact Name:** Ian Kemp
- e. **E-mail Address:** ikemp@templeterrace.com
- f. **Phone Number:** (813)506-6700

#### 15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**