



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2509

1. **Title of Project:** Hurricane Michael - Bay County - EPM

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 03/05/2019

4. **Project/Program Description:**

This project is to provide assistance to Bay County with the cost of the emergency protective measures it took in preparation for and response to Hurricane Michael.

The measures taken before, during, and after Hurricane Michael to eliminate and lessen the immediate threat to lives, public health, and the safety of residents cost in excess of \$26 million. While many of these costs were incurred within the 45 day window of 100 percent reimbursement, the county will be responsible for at least 12.5 percent of all costs incurred beyond 45 days. Bay County's ultimate responsibility depends in part on FEMA reimbursements.

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	2,500,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>2,500,000</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)	2,500,000	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>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**



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Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Bay County employees performed most of the emergency protective measures necessary in preparation for and response to Hurricane Michael.	2,500,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,500,000</b>

**11. Program Performance:**

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

The purpose of the requested funds is to help offset the cost of the emergency protective measures taken by Bay County in preparation for and response to Hurricane Michael.

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

The service provided was the protection of the lives, public health, and safety of the residents of Bay County

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

The funds will assist Bay County's citizens by defraying the operating costs of the county regarding Hurricane Michael.

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

Bay County has a population of approximately 185,000 individuals.

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

The expected benefit is that Bay County can continue to operate without the crushing burden of debt incurred to protect its citizens from Hurricane Michael.

**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?**

The money should be used for the project intended. If not, the suggested penalty is repayment of the funds.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the**



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**relationship between the owner(s) of the facility and the entity.**

N/A

#### 13. Requestor Contact Information:

- a. **Name:** Bob Majka
- b. **Organization:** Bay County
- c. **E-mail Address:** bmajka@baycountfl.gov
- d. **Phone Number:** (850)248-8140

#### 14. Recipient Contact Information:

- a. **Organization:** Bay County Board of County Commissioners
- b. **County:** Bay
- 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:** Bob Majka
- e. **E-mail Address:** bmajka@baycountyfl.gov
- f. **Phone Number:** (850)248-8140

#### 15. Lobbyist Contact Information

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