



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2532

1. Title of Project: Hurricane Michael - Liberty County - Operations

2. Senate Sponsor: Bill Montford

3. Date of Submission: 03/06/2019

4. Project/Program Description:

The following are expenses that are directly related to Hurricane Michael that Liberty County is unsure if FEMA will reimburse and if reimbursed what percentage of the expenditures will be reimbursed. It could take an estimated one to two years for reimbursements to be made. Expenses that were a direct result from Hurricane Michael include payroll, maintenance, repairs, equipment, etc.

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	406,661
Fixed Capital Outlay	
Total State Funds Requested	406,661

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)	406,661	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020		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		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Expenses that were a direct result from Hurricane Michael - payroll, maintenance, repairs, equipment, etc.	406,661
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		406,661

11. Program Performance:

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

Reimbursement for expenses incurred as a result of Hurricane Michael that may or may not be reimbursement by FEMA. These funds would provide Liberty County relief with current and future financial burdens.

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

Liberty County expended funds to ensure that core vital needs for health and safety were met immediately after Hurricane Michael. The funds requested will allow Liberty County to immediately continue operate without a loss or reduction of services to its residents. The uncertainty and timing of receipt of FEMA reimbursement jeopardizes these services.

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

Liberty County will be able to continue to provide services to residents with these funds requested.

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

The expenditures benefit the entire population of Liberty County, which is approximately 8,250 individuals.

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

Sustaining Liberty County citizens in the immediate months following Hurricane Michael and going forward, ensuring no loss or little reduction of services needed.

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 are sufficient.

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.

N/A



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13. Requestor Contact Information:

- a. **Name:** Kathy Brown
- b. **Organization:** Clerk of Court
- c. **E-mail Address:** kbrown@libertyclerk.com
- d. **Phone Number:** (850)643-2215

14. Recipient Contact Information:

- a. **Organization:** Liberty County Board of County Commissioners
- b. **County:** Liberty
- 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:** Kathy Brown
- e. **E-mail Address:** kbrown@libertyclerk.com
- f. **Phone Number:** (850)643-2215

15. Lobbyist Contact Information

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