



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2556

**1. Title of Project:** Hurricane Michael - Blountstown - Facility and Equipment Repair

**2. Senate Sponsor:** Bill Montford

**3. Date of Submission:** 03/14/2019

**4. Project/Program Description:**

The City of Blountstown was within the destructive path of Hurricane Michael and as a result, the city's electric system was totally destroyed and the city water and sewer utilities were damaged in addition to the enormous amounts of debris left behind. The city had to totally rebuild the electric system and repair water and sewer utilities with mutual aid assistance. The city contracted directly for debris clean up. These expenses have placed an unexpected burden on the City of Blountstown. City properties also received major damage. The City Police Department has had to relocate to a temporary facility until the building can be repaired/replaced.

**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	1,353,000
<b>Total State Funds Requested</b>	<b>1,353,000</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)	1,353,000	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>1,353,000</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>		



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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		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Reconstruction/repair of city properties and equipment.	1,353,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,353,000</b>

**11. Program Performance:**

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

The funds will cover costs not covered by insurance, items not insured, repair costs that are below the deductible, and will allow the city to repair the damage to properties and equipment.

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

Reconstruction and repair of damaged facilities, property, and equipment.

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

City buildings and facilities will be restored to full operating condition and will allow the city to serve the public more safely, efficiently, and conveniently.

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

This will benefit the entire population of the City of Blountstown (approximately 2500 citizens).

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

To give citizens a city that is safe, efficient, and able to appropriately meet all of their 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 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.**

City of Blountstown.

**13. Requestor Contact Information:**

**a. Name:** Traci Hall



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- b. Organization:** City of Blountstown
- c. E-mail Address:** thall@blountstown.org
- d. Phone Number:** (850)674-5488

#### 14. Recipient Contact Information:

- a. Organization:** City of Blountstown
- b. County:** Calhoun
- 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:** Traci Hall
- e. E-mail Address:** thall@blountstown.org
- f. Phone Number:** (850)674-5488

#### 15. Lobbyist Contact Information

- a. Name:** Patrick Bell
- b. Firm Name:** Capitol Solutions
- c. E-mail Address:** pbell@capitalsolutions.biz
- d. Phone Number:** (850)544-0784